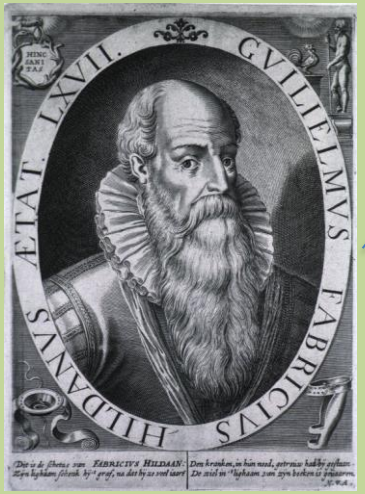
Flatus in the Leg
A Clinical Conundrum



First described by Guilhelmius Fabricius Hildanus (1560–1634)

Dr Ashviny Sivapathasundram *MBBS*
Dr Syam Ravindranath *MBBS, DNB*
Dr Ash Mukherjee *FCEM, FACEM*

Government of **Western Australia**
Department of **Health**
Armadale Health Service

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Fall at home four days back

Increasing left hip and thigh pain and inability to bear weight

PMH_x: RA on prednisolone and methotrexate, Obesity

LEFT LOWER LIMB

- Multiple small ulcers on left leg
- Exquisite tenderness throughout entire left lower limb
- Palpable crepitus throughout
- No swelling or deformity
- No neurovascular compromise

45 yr F

Looks unwell

T: 38.3°C

P: 123/min

BP: 90/62, CRT 4s

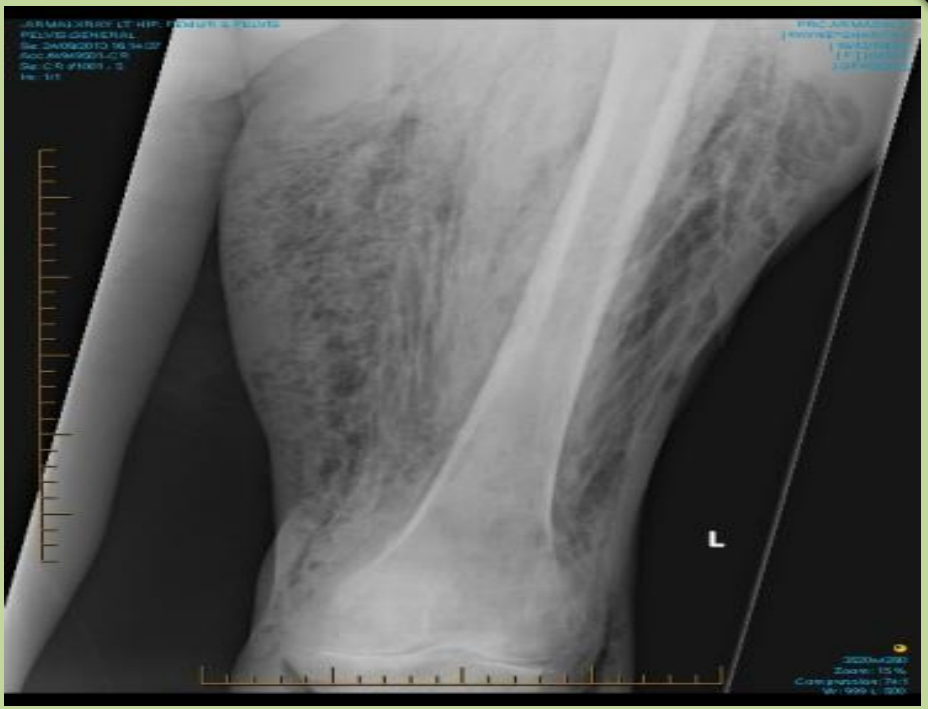
SpO_2: 99%(RA)

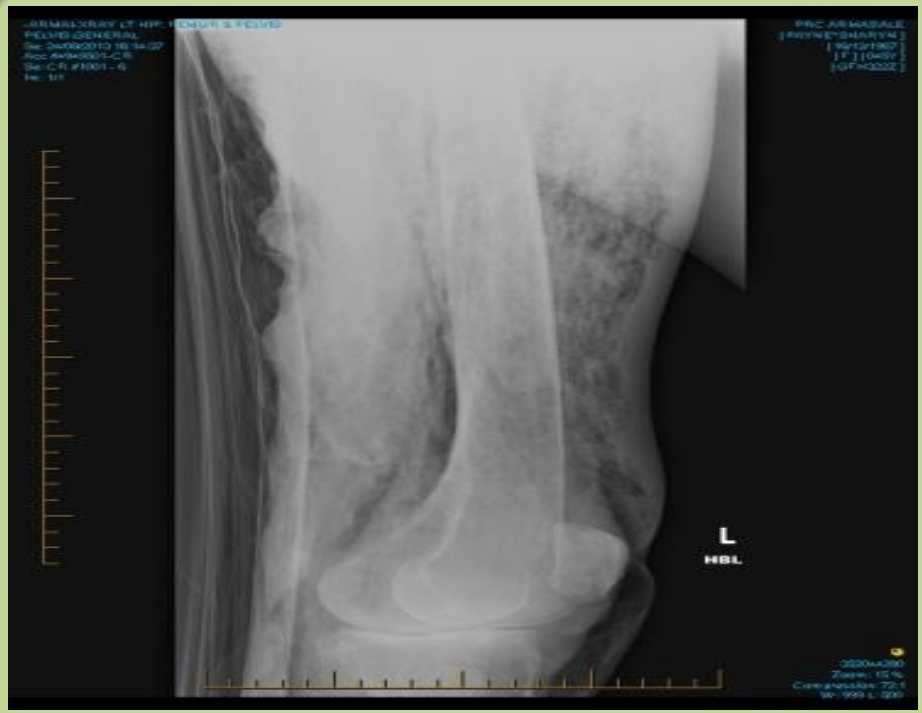
RR: 18/min

PA: Soft, non tender, BS+

Chest and heart- normal

Clinical Impression: Necrotizing Fasciitis
Decompensated Distributive Shock





Full Blood Count	Renal and liver functions: Normal	Lactate: 3.2
WBC: 20.3 Hb: 87 Plt: 630	CRP: 205	ECG – NSR CXR - Nad

Clinical Course

Aggressive fluid resuscitation

Triple antibiotic cover

(Tazocin, Gentamicin, Metronidazole)

Vasopressors initiated

Urgent surgical referral for debridement organised

Transferred to Plastic Surgery team in tertiary hospital

Emergency wound debridement and washout was done on day 1

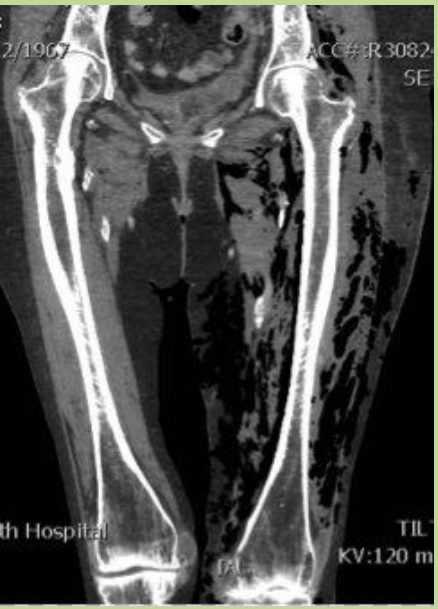
4 x fasciotomies performed,

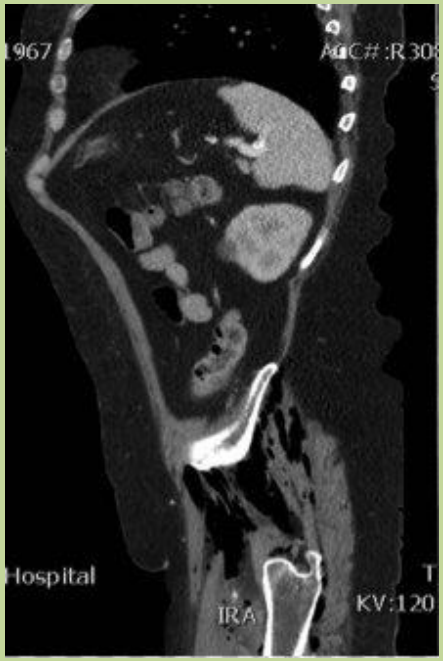
Minimal debridement needed

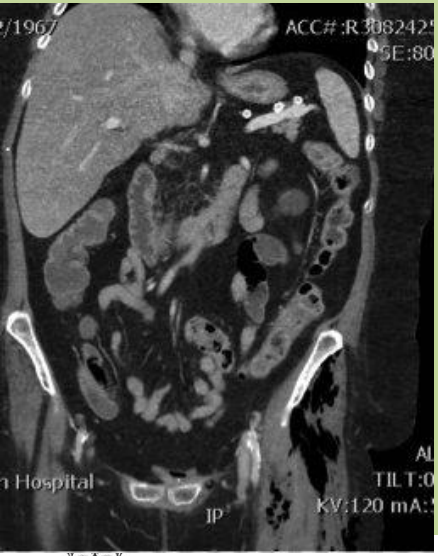
Admitted to ICU post-operatively,

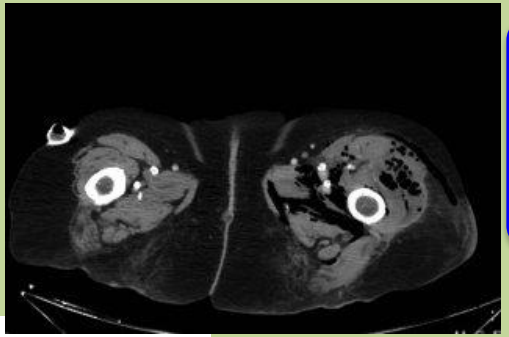
on vasopressors and antibiotics

Clinical Course









Concern regarding clinical progress

Vascular CT Abdomen, Pelvis and Lower Limbs : pre-surgery

Extensive necrotising fasciitis/gas gangrene of entire left lower limb extending to the left gluteal region and the iliacus.

No free gas in the abdomen

Repeat washout and debridement, Day 2

Faecal matter communicating into thigh wounds

Explorative laporotomy

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Laparotomy findings

Perforated descending colon diverticulitis with faecal content extending along psoas muscle under inguinal ligament (fistula) into left thigh.

No faecal peritonitis.

Hartmann's procedure ; distal transverse colostomy performed, washout done, closed with drains.

Further Clinical Course

She underwent repeated washout and debridement and was treated with IV antibiotics according to C & S.

Wound culture grew mixed organism- Steptococcus, E. coli, Proteus, Bacteroides and Candida.

She was discharged after 45 days with stoma and vac dressing to thigh wounds and she is doing well till date.

In Summary

Necrotising fasciitis is a rapidly progressive life threatening soft tissue infection, a true surgical emergency.

When the location of subcutaneous emphysema is in the upper portion of the lower extremity, an intestinal source must also be considered.

''Flatus Profuse Present in the Muscles'': Subcutaneous Emphysema of the Lower Abdominal Wall and Thighs, Described in **1593** by Fabricius Hildanus

The radiographic finding of subcutaneous emphysema in the absence of penetrating trauma must be considered a case of a necrotizing soft tissue infection until proven otherwise.

Subcutaneous emphysema of the hip and lower extremity have been reported several times in the general surgery literature and have been associated with a perforated bowel.

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References

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