



AB180. 201. Fournier gangrene—two recent cases of a true urological emergency in the southeast of Ireland

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Background: Fournier Gangrene is a life-threatening necrotising fasciitis involving the genital region and is associated with a mortality of up to 50%. Polymicrobial infection in an immunocompromised patient typically leads to rapid progression of sepsis & necrosis, resulting in death when untreated.

Methods: A rare condition with significant morbidity in survivors, we aim to describe our experience in successfully managing two patients who presented in quick succession, including acute surgical care and subsequent reconstruction.

Results: A 45-year-old with a background history of psoriatic arthritis & chronic kidney disease underwent extensive penile debridement for isolated penile Fournier Gangrene. Subsequent skin grafting and neoglans

construction was successful in achieving adequate cosmetic and functional outcome. Following this, a 64-year-old gentleman with a background of hypertension, underwent radical surgical debridement of the penis, scrotum, right inguinal region and abdominal wall for Fournier gangrene. A vacuum assisted closure device was used with great effect for tissue healing and bridging this gentleman to definitive soft tissue reconstruction.

Conclusions: The crux of treatment of Fournier Gangrene is radical debridement of all necrotic tissue, followed by intensive medical care and broad spectrum antimicrobial therapy. Inevitable soft tissue loss and whole-body deconditioning results in considerable morbidity for these patients. Tailored reconstructions as described here however, can achieve adequate cosmetic, urinary & sexual functional outcomes. Our first case was particularly interesting as isolated penile Fournier gangrene is exceedingly rare, with only seven published cases in the literature.

Keywords: Fournier gangrene; necrotising fasciitis; urological emergency

doi: 10.21037/map.2018.AB180

Cite this article as: Keenan R, Nic An Riogh A, Fuentes A, Cullen I, Daly P. Fournier gangrene—two recent cases of a true urological emergency in the southeast of Ireland. *Mesentery Peritoneum* 2018;2:AB180. doi: 10.21037/map.2018.AB180