

AB176. Gastrointestinal causes for the acute scrotum

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Background: Fournier's gangrene (FG) is a necrotizing fasciitis of the scrotum and perineum. It carries a high morbidity and mortality rate. It can occur secondary to a breach in urethral or gastrointestinal mucosal integrity. This case series highlights FG cases occurring secondary to gastrointestinal pathology.

Methods: A retrospective chart review of clinically diagnosed FG presentations to a single tertiary centre within a 2-year timeframe was performed. Corresponding gastrointestinal pathologies were identified. Fournier's Gangrene Severity Index (FGSI) scores were calculated retrospectively. Operative intervention and subsequent histology was reviewed.

Results: All patients were male. Age ranged 22–84 years. Significant comorbidities included diabetes and obesity. Presenting complaints included melaena (n=1), trauma (n=1) and testicular pain/unresolving epididymo-orchitis (n=2). Pyrexia and raised inflammatory markers noted in all

cases. FGSI score >9 in two cases. Exploration/debridement performed in all cases. Inguinoscrotal hernia identified in two cases. Orchidectomy performed in three cases. Final histology: necrotic left testis and hernia sac containing large ulcerating colonic tumour with perforation [pT4aN1a(1/9)R0] (n=1), hernia sac containing perforated appendix and right peritesticular coagulative necrosis (n=1), necrotic inflammatory fasciitis (left testis) with post-operative diagnosis of colo-vesical fistula secondary to diverticular disease (n=1) and gangrenous scrotum with significant haemorrhage, inflammation and necrosis (n=1). Three patients discharged home well. One mortality.

Conclusions: FG is a severe and rapidly progressive condition. This series demonstrates an association with gastrointestinal pathology. Calculation of FGSI score can aid severity assessment. Significant morbidity and mortality rates exist, thus a high index of suspicion is required to ensure early diagnosis, prompt surgical intervention and multidisciplinary team involvement.

Keywords: Fournier's gangrene; Fournier's gangrene severity index; necrotising fasciitis; sepsis; mortality

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