

# Synergistic gangrene

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This rare condition is due to the synergistic action of non-haemolytic streptococci and staphylococci causing rapid tissue necrosis and overwhelming systemic infection ( Figure 64.29 ). It requires immediate administration of high- dose, broad-spectrum antibiotics in combination with early debridement of any non-viable tissue. Hyperbaric oxygen therapy has been advocated. Other forms of severe abdominal wall infections occur, generally known as necrotising fasciitis (also known as Fournier's gangrene). All of these conditions have a high associated morbidity and mortality . They occur more frequently in diabetic, debilitated or immunocompromised patients but can occasionally occur in healthy patients. The necrosis spreads rapidly through the subcutaneous layers of the abdominal wall and may extend into the chest, axilla, thigh and perineum. Necrotising fasciitis is characterised by systemic features of septic shock, a high temperature, a foul smell and occasionally crepitus in the skin, indicating gas-producing bacteria. Prompt diagnosis and aggressive surgical debridement within hours of onset are the keys to success, with repeated debridements under anaesthesia over several days until all of the necrotic and infected tissues have been cleared. If the patient survives, extensive skin grafting is usually required. Patients with lymphatic oedema of the abdominal wall may present with redness and tenderness, suspicious for necrotising fasciitis. This important diagnosis needs to be excluded, but cellulitis secondary to lymphatic stasis is more likely to be the cause.

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