

Risk factors and outcome of patients with necrotizing fasciitis admitted to surgical intensive care units in a developing country: A single institution experience

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Background: Necrotizing fasciitis is a debilitating condition which has high mortality and morbidity even in specialized centres. Treatment requires source control, broad spectrum and supportive care in the form of IV hydration, vasopressors, and nutrition. Severe forms of necrotizing fasciitis land up in the intensive care unit for a wholistic management.

Materials and methods: During this retrospective study, data of 39 patients who were admitted to the surgical ICU between January 2015 and June 2019 were analyzed for comorbidities, symptoms at presentation, predisposing factors leading to necrotizing fasciitis, location of the infection, microbiological analysis and mortality.

Results: There were 27 (69.2%) male and 12 (30.8%) females while the age was distributed as 47.44 ± 15 years. 9 patients (23.1%) had diabetes mellitus, 6 (15.0%) suffered from ischemic heart disease, and 3 (7.7%) had hypertension. Pain was the most frequently reported symptom (89.7%), followed by swelling (79.5%) and tenderness (77%) More than half (51.3%) of the patients had all 3 symptoms. Predisposing factors included trauma 14 (35.9%), IM injections 10 (25.6%), surgical procedure 9 (23.1%), and diabetic foot 4 (10.3%). A total of 12 (30.8%) patients died, the main cause being septic shock followed by multiorgan failure.

Conclusion: Even though the number of patients were not enough to provide statistically significant results, it was concluded that LRINEC score was significant in the diagnosis of necrotizing fasciitis. 25.5% of the patients had a history of IM injection, which is a preventable cause. A multi centred trial would help in getting statistically significant results to understand better correlation between factors associated with mortality in patients with necrotizing fasciitis.