

Case	(589) Where does the fasciitis come from?
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CASE PRESENTATION

This is a 73-year-old man who goes to the emergency department with cellulitis data close to the stoma of a Bricker reconstruction; doctors suspect a necrotizing fasciitis in the flank and right lower limb.

A cystoprostatectomy was performed with Bricker-type reconstruction due to stage IV urothelial carcinoma of the bladder. Upon arrival at the emergency room, the patient presented with leukopenia and neutropenia.

A CT study is performed after administration of intravenous contrast, acquisition in portal venous phase. Inflammation of the cecal appendix, located intraperitoneally in the right iliac fossa, was observed.

The tip of the appendix rests on the peritoneum, demonstrating the passage of a gas bubble. Extensive right retroperitoneal inflammatory affectation accompanied by numerous gas bubbles. These inflammatory / infectious changes extend to the adjacent abdominal wall and the ipsilateral thigh.

No intraperitoneal collections or prominent inflammatory changes in intraperitoneal fat are seen.

DISCUSSION

Urgent surgery was decided, in which the following findings were detected: cellulitis of the entire right flank, retroperitoneal abscess and cecal appendix with perforation at its base, with an inflammatory plastron towards the blind and retroperitoneum.

After surgery, the patient was admitted to the intensive care unit for 12 days, presenting good evolution.

In the abdominal wall, perforated appendicitis, complicated diverticulitis, intestinal perforation or complex trauma are the most important causes of necrotizing fasciitis. Retroperitoneal necrotizing fasciitis has been described on very few occasions, and due to the nonspecific symptomatology it is usually diagnosed late, which increases the mortality rate.

CONCLUSION

Radiologists are very used to the typical presentations of appendicitis but we can not help being alert to other possible less frequent pictures, such as the involvement of adjacent structures such as the retroperitoneum or the abdominal wall.

CT images

A. Inflamed appendix

B. Retroperitoneal involvement with increased fat density, fluid sheets and gas bubbles (arrow) and extension to the right lateral wall of the abdomen, causing fasciitis (star)

C. Passing gas bubbles from the tip of the appendix (intraperitoneal) to the retroperitoneal space.

D Retroperitoneal involvement with emphysema (arrow) and fasciitis with involvement of the abdominal wall and right lower limb (star).



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