

Case	(659) Mmii necrotizing fasciitis secondary to extraperitoneal rectosigmoid junction perforation due to diverticulitis.
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CASE PRESENTATION

A 95-year-old patient with a history of ischemic heart disease, diabetes, diverticulitis and Parkinson's. She went to the Emergency Department for left hip and lower extremity pain to rule out fracture. The Traumatology Service requested for X-ray examination that discarded it. She returned within four days due to increasing pain. Exploration: conscious, normal cardiac and pulmonary auscultation. Abdominal tenderness and left lower quadrant pain without clear signs of peritoneal irritation. Lower extremity swelling because of the edema, painfull and tight and warm skin in comparison to the right leg. It also shows crepitus to palpation. Analytical: leukocytosis with neutrophilia, PCR 235.

Imaging tests: X-ray of the left thigh showed multiple air bubbles in the inguinal region that extended to soft tissue beyond the knee. Given the findings and the context, the study was completed with CT without intravenous contrast in which the existence of perforation in rectosigmoid junction secondary to extraperitoneal presentation of diverticulitis was demonstrated.

Extraluminal air bubbles spread through sacral and sacrociatic holes towards the hip affecting the software tissue and down to the knee through the fascial planes.

In the first X-ray performed, was innoticed the existence of extraluminal air in the inguinal and petrocanteric region.

DISCUSSION

Most of the time, perforation of the abdominal hollow viscera causes air to leak into the peritoneal cavity, but in the case of the rectosigmoid junction, the air can extend to the extraperitoneal region and, occasionally, through the holes that communicate with the root of the thigh extending to this location.

Infected air can cause infection with necrotizing fasciitis and spread through fatty planes far away from the perforation area causing tissue necrosis.

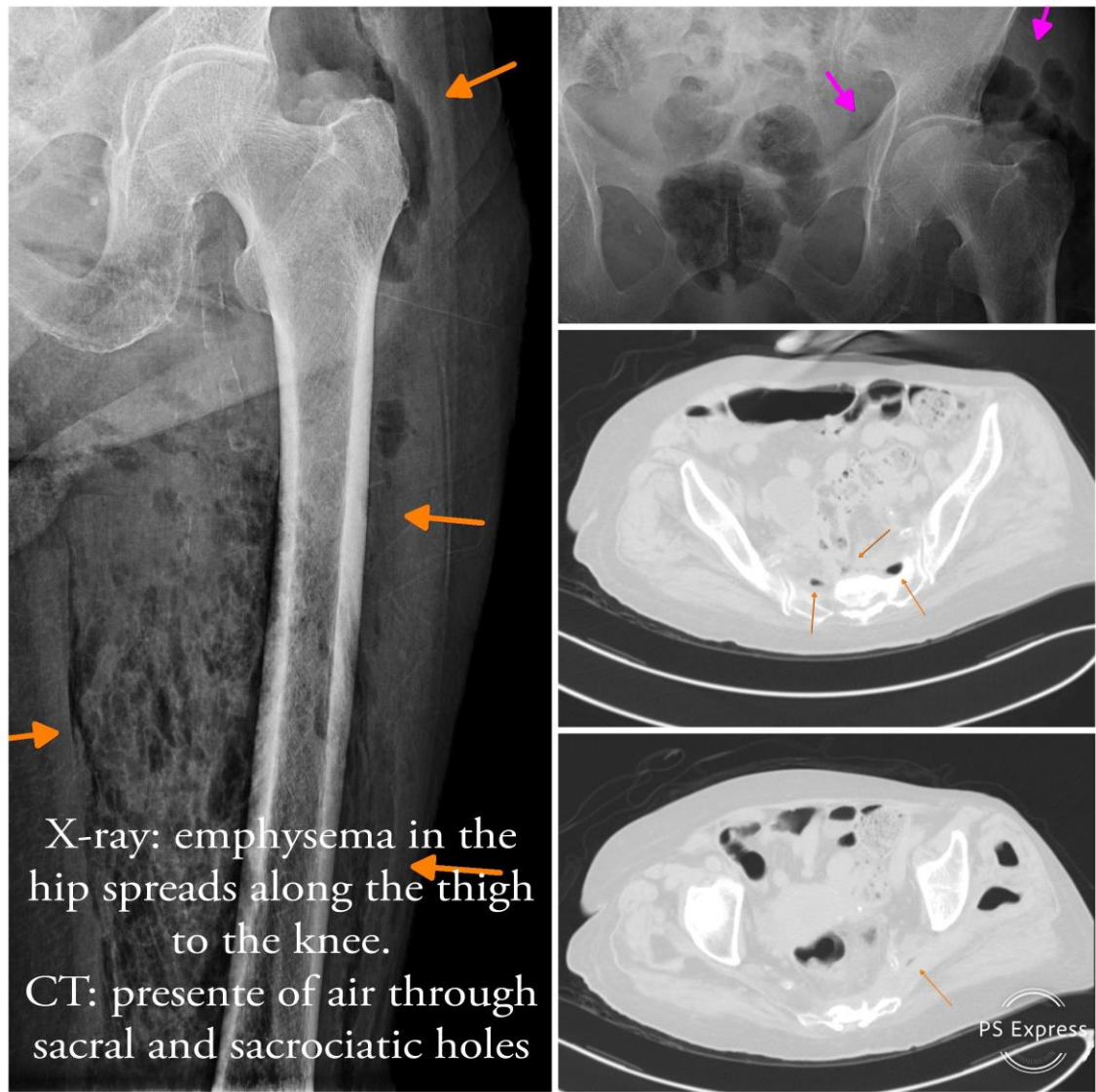
The toxic metabolites can cause death, as happened in this case.

The patient was an advanced-age woman with multiple diseases.

CONCLUSION

The importance of the correct evaluation of the X-ray performed in the Emergency Room, as well as the diagnostic suspect. In uncooperative patients, their diagnosis may be complex and delayed, which dramatically increases mortality.

The existence of extraluminal air should make us suspect the possibility of perforation of a hollow viscera. In order to study the pelvic area it was completed With CT that confirmed the suspicion.



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