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A RARE CASE OF NECROTIZING FASCIITIS AFTER EARLY INFANT MALE CIRCUMCISION

Khashayar Atqiaee¹, Ali Samady Khanghah²

¹Department of Pediatric Surgery, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran, Islamic Republic of. ²Department of Surgery, Ardabil University of Medical Sciences, Ardabil, Iran, Islamic Republic of

Abstract

Aim of the Study: When circumcision is performed by experienced hands, has a low complication rate between 2% and 10% but under unsterile conditions, rare potentially lethal complications such as necrotizing fasciitis may occur, and it should be treated with immediate resuscitation, broad-spectrum antibiotics, and surgery.

Case description: We describe a 5-month-and-28-day-old infant who developed necrotizing fasciitis following Plastibell circumcision. Three days before admission, he had undergone ring circumcision. Two days later, his mother discovered him unwell, developing erythema, swelling in his genital area, and purulent discharge on his diaper. Because of the infant's agitation, his parents administered opioids and betamethasone ointment to relieve him of his symptoms. His condition on arrival was septic; he had a body temperature of 38 degrees Celsius. The scrotum was swollen in physical examination. The inflammation had spread to the adjacent tissues and the perineal region over the pubis symphysis (Figure 1). Excessive purulent discharge was noted on superficial palpation of the penis. In the laboratory, he had a WBC count of, 24700/mm³ (PMN: 50.4%). Considering necrosis as an indicator of the need for surgical debridement, the necrotic tissues were debrided in several days. Because of peripheral edema, the delayed primary closure was postponed until the peripheral edema subsided.

Conclusions: This report emphasizes that clinicians should use standard equipment and appropriately-sized rings to prevent these unusual complications following circumcision.



Figure 1: Three days after plastibell circumcision