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FOURNIER'S GANGRENE: CHALLENGES IN DIAGNOSTIC, TREATMENT AND REHABILITATION. A REVIEW BASED ON THE EXPERIENCE OF A BASE HOSPITAL IN THE EXTREME SOUTH OF CHILE.

C. R. Quintana Rios^{1,2,3,*}, M. F. Deichler Vega¹, V. Vargas Vargas^{1,2}, F. A. Muñoz Caro², F. J. Krautz Rojas², C. E. Rojas Sanhueza²

¹Centro de Responsabilidad Quirúrgico, Hospital Clínico de Magallanes, ²Escuela de Medicina, Universidad de Magallanes, ³Centro de Responsabilidad Unidad de Emergencias, Hospital Clínico de Magallanes, Punta Arenas , Chile

Introduction: Fournier's gangrene is a serious infection of the soft tissues of the perineum. Mortality ranges from 3 up to 60%. Despite several hospitals only admit one or two persons with this disease each 5 years, in our centre admissions due to this, is not uncommon. In this paper we will characterize these patients and review literature for an up-to-date of the disease.

Materials & Methods: A retrospective series of 43 patients were selected from the "Group related to diagnose" database of the Hospital Clínico de Magallanes, located at the Magallanes District, southern Chile. Diagnoses associated to Fournier's gangrene were filtered, from 2014 up to July 2021. 15 patients were rejected, due to not corresponding to the diagnosis. Data from 28 remaining patients was collected on Excel 2021 and processed on Statsplus mac.

Results: 17 male and 11 female were studied. Incidence was 2,64 x 100.000 inh in global, where no differences within gender were observed. Global mortality was 25%. Mean hospital stay was of 92,5 days. Diabetes in bad metabolic control was the main risk factor, besides obesity. Undernourishment was a predictor of longer hospital stay, and also in higher complications rate during hospitalization. An average of 14,4 surgeries were required before coverage. A daily mean cost was of USD 530, and a mean total cost for patient was of USD 48.761. Age over 75 and more than two chronic pathologies with global damage was a predictor of mortality.

Conclusion: Eke et al., established as a risk factor for Fournier's Gangrene active base immunosuppression plus perineal infections, can lead to this condition. In our local community, obesity, diabetes, high blood pressure and poverty associated to bad adherence to their base treatments, increases the incidence compared to the literature. Evidence shows us that nourishment plays a key role in a better outcome, reducing hospital length of stay, but also mortality and morbidity, along with aggressive surgical management within 24 hours of admission, antibiotics within the 1st. hour and fluid therapy resuscitation. The use of scores predictor scales helps to identify patient at risk. Skin coverage depends on the area affected, with novel algorithms that can be useful to achieve final reconstruction, which varies from spontaneous closure up to free flaps. Finally, the injections of resources on primary health care level, in order to achieve and integral control of chronic pathologies, can lead to a diminishing of our current incidence rate.

Disclosure of Interest: None declared