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journal homepage: www.elsevier.com/locate/ijscrNecrotizing cellulitis of the abdominal wall, caused by *Pediococcus* sp., due to rupture of a retroperitoneal stromal cell tumorNick Michalopoulos^{a,*}, Stergiani Arampatzi^b, Theodossis S. Papavramidis^a, Efstathios Kotidis^a, Styliani Laskou^a, Spiros T. Papavramidis^a^a 3rd Department of Surgery, Aristotle University of Thessaloniki, AHEPA University Hospital, Thessaloniki, Greece^b Department of Microbiology, Aristotle University of Thessaloniki, AHEPA University Hospital, Thessaloniki, Greece

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ABSTRACT

INTRODUCTION: Soft tissue necrotizing infections are a significant cause of morbidity and mortality. The aim of this study is to present a patient with necrotizing infection of abdominal wall resulting from the rupture of a retroperitoneal stromal tumor.

PRESENTATION OF CASE: We present a 60-year-old Caucasian male patient with necrotizing infection of abdominal wall secondary to the rupture of a retroperitoneal stromal tumor. The patient was initially treated with debridement and fasciotomy of the anterior abdominal wall. Laparotomy revealed purulent peritonitis caused by infiltration and rupture of the splenic flexure by the tumor. Despite prompt intervention the patient died 19 days later. The isolated microorganism causing the infection was the rarely identified as cause of infections in humans *Pediococcus* sp., a gram-positive, catalase-negative coccus.

DISCUSSION: Necrotizing infections of abdominal wall are usually secondary either to perineal or to intra-abdominal infections. Gastrointestinal stromal cell tumors could be rarely complicated with perforation and abscess formation. In our case, the infiltrated by the extra-gastrointestinal stromal cell tumor ruptured colon was the source of the infection. The *pediococci* are rarely isolated as the cause of severe septicemia.

CONCLUSION: Ruptured retroperitoneal stromal cell tumors are extremely rare cause of necrotizing fasciitis, and before this case, *Pediococcus* sp. has never been isolated as the responsible agent.

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1. Introduction

Soft tissue necrotizing infections are a significant factor of morbidity and mortality due to their sudden onset, their rapid spread and the septicemia they can cause.¹ Despite the advances in imaging modalities that facilitate the diagnosis, as well as the improvements in treatment and hospitalization, mortality still remains high, approaching 67%.²

Our aim is to present a patient with necrotizing infection of the abdominal wall, which was the result of a retroperitoneal stromal tumor rupture. The isolated microorganism causing the infection was *Pediococcus* sp., a gram-positive, catalase-negative coccus, which is rarely identified as cause of infections in humans.

2. Presentation of a case

A 60-year-old Caucasian male was referred to the emergency department with sepsis, caused by a necrotizing infection of the anterior abdominal wall (Fig. 1). The patient was complaining for abdominal pain with a 3 days history. Nausea and vomiting were also present. Physical examination revealed distension and flatulence of his abdomen, which was reddish with diffuse sensitivity on palpitation (Fig. 1). No crepitus of the abdominal wall was present. He was confused and disorientated (Glasgow coma scale: 14/15) with tachycardia (100 bpm) and a body temperature of 38.7 °C. The patient had a known large retroperitoneal tumor which was diagnosed 18 months ago. The tumor was considered to be unresectable during surgery, because of its size and the infiltration of surrounding tissues, and only biopsies were taken. Pathological studies revealed a low-differentiation extra-gastrointestinal stromal tumor (EGIST). The patient was medicated with Imatinib.

Laboratory examinations showed leukocytosis (16 K/mL), elevated transaminases levels and coagulation deficiency. Plain X-ray showed diffused linear opacities on the abdominal wall, indicative of the presence of subcutaneous gas (Fig. 2). Computed tomography revealed the abdominal wall necrosis with the presence of gas in subcutaneous tissues, and confirmed the huge retroperitoneal tumor as well as the presence of several hepatic metastases

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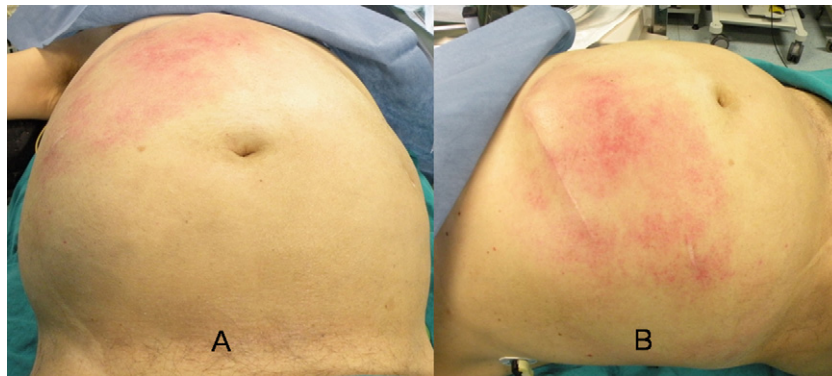


Fig. 1. Necrotizing cellulitis of the abdominal wall.

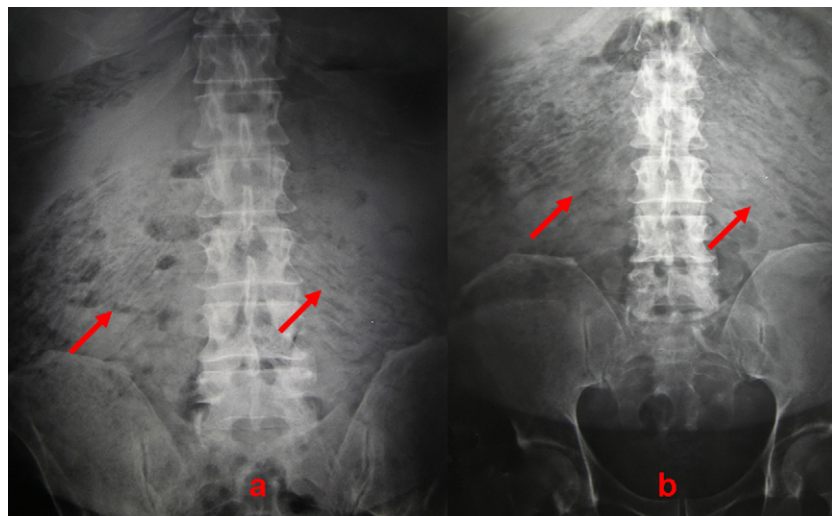


Fig. 2. X-ray images showing the presence of subcutaneous gas.

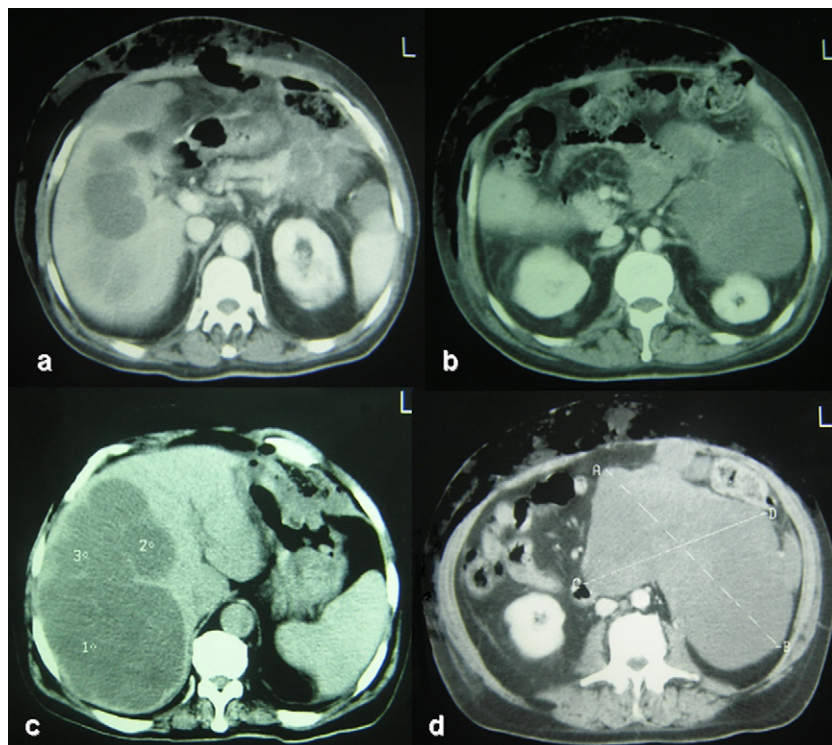


Fig. 3. Ruptured large retroperitoneal gastrointestinal stromal tumor (EGIST) with liver metastases.

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