

Images in Infectious Diseases

Cervical Necrotizing Fasciitis

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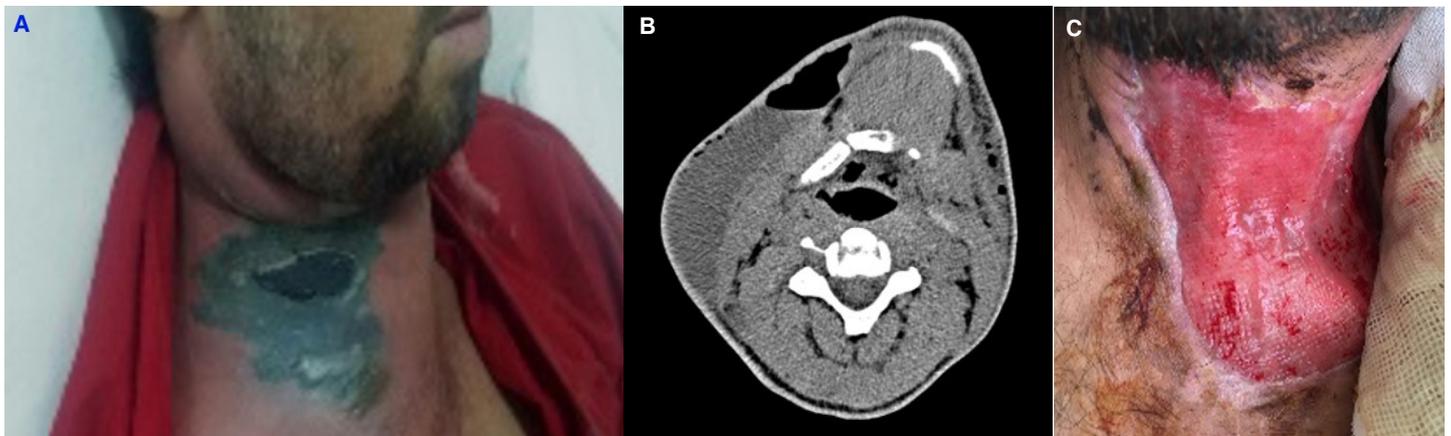


FIGURE 1A: Erythematous swelling of the neck with black discoloration in the middle.

FIGURE 1B: A CT scan shows a large lesion of fluid density on the right side of the neck.

FIGURE 1C: The resolved lesion after antibiotic therapy and drainage.

A previously healthy 21-year-old man presented with a one-week history of generalized malaise, fever, and erythematous neck swelling with central black discoloration (**Figure 1A**). He appeared cachectic and had a fever (39.1 °C). Physical examination revealed a foul-smelling, diffused erythematous edema on the neck's right side, featuring a necrotic area measuring 10 × 10 cm. His white blood cell count was 23,600/mm³, C-reactive protein level was 175 mg/L, erythrocyte sedimentation rate was 71 mm/h, alanine aminotransferase level was 63 U/L, and aspartate aminotransferase level was 53 U/L. The patient was admitted to the otolaryngology clinic, where empirical antibiotic therapy was initiated, comprising 1 g each of vancomycin and meropenem administered twice and thrice daily, respectively.

Neck ultrasonography showed an abscess, and computed tomography showed a large right-sided fluid-density lesion. This lesion, interspersed with air patches, extended to the supraclavicular region (**Figure 1B**). Despite the persistent fever, the abscess was drained. By the second day of hospitalization, the patient's fever had subsided, and there was a partial improvement in his clinical condition. Cultures from both the blood and the abscess showed no pathogenic growth. Laboratory findings normalized, and histopathologic examination revealed acute suppurative necrotizing inflammation. Consequently, a diagnosis of necrotizing fasciitis was established.

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Authors' contribution: SŞ: As the sole author, all requirements concerning authorship are on my part, including conception, design of the work, acquisition of data and final approval of the submitted version.

Conflict of Interest: The author declares no conflict-of-interest issue.

Financial Support: The author declares no financial support.

Received 9 August 2023 • **Accepted** 18 August 2023

Necrotizing fasciitis, a rare and life-threatening bacterial infection, necessitates immediate identification and treatment to prevent fatality¹. Early administration of antibiotics and drainage are particularly crucial². After his symptoms subsided (**Figure 1C**), the patient was referred to the plastic surgery department for skin grafting.

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