

DELAYED DIAGNOSIS OF Fournier GANGRENE MISTAKEN FOR AN INGUINAL HERNIA

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A comprehensive approach to patient care is the cornerstone of family medicine practice. With a good understanding of patient's chronic medical conditions and risk factors, a family physician has leverage to diagnose atypical presentations and complicated conditions. Mr. EMS is a 38 year old man, with poorly controlled diabetes and obesity, who was seen at his general practitioner's clinic for a left groin abscess and was treated with oral antibiotics. He returned to his practitioner ten days later with a new painful swelling around the external orifice of the left inguinal canal, but the patient was afebrile with a non-toxic appearance. He was diagnosed with an inguinal hernia and was given antibiotics and an early appointment with general surgery. Fortunately, the patient presented to the emergency department for a second opinion later that day for persistent pain and swelling despite analgesia. Patient's physical examination was not typical of an inguinal hernia, which prompted further investigations and he underwent an ultrasound scan that demonstrated a groin collection, possibly an abscess. He was admitted for incision and drainage of the collection. However, he was found to have Fournier's gangrene

intra-operatively, requiring extensively debridement and a prolonged hospital stay with multiple surgeries. Although his presentation of Fournier's was not typical, we should have suspected a complicated infective etiology based on his history of recent scrotal abscess, known poorly controlled diabetes and significant pain and swelling despite antibiotics and analgesia. This case report discusses atypical presentations of Fournier's gangrene and highlights the role of family medicine in early diagnosis as well as management of comorbid conditions such as diabetes and obesity that increase the risk of developing this potentially fatal disease.

Biography

Dypti Lulla is a first year Family Medicine Resident at the SingHealth Institutions in Singapore. She graduated from Duke-NUS Medical School and also has a Master's degree in Healthcare Administration from the University of Texas at Dallas. She aspires to develop her diagnostic and management skills as a family physician through structured teaching and peer learning.

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