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Necrotizing Soft Tissue Infections: Clinical Profile, effect of associated co-morbidities, traumatic injuries and duration of symptoms before admission on hospital stay

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Introduction: Necrotizing soft tissue infections is used to encompass infections not only of fascia, as in necrotizing fasciitis, but also of other soft tissue affected. Necrotizing fasciitis is a progressive, fulminant bacterial infection of subcutaneous tissue that spreads rapidly through the facial planes causing extensive tissue destruction. NSTIs are rare but potentially fatal condition. In the United States, there is an estimated annual incidence of 0.04 cases per 1000 annually. Early reports of mortality were variable with rates ranging from 46 to 76% but outcomes have been improving over time. The mainstay of treatment is early and complete surgical debridement, combined with antimicrobial therapy, close monitoring, and physiologic support. Total debridement of all necrotic material must be performed until the skin and subcutaneous tissue can no longer be separated from deep fascia. Novel therapeutic strategies, including hyperbaric oxygen and intravenous immunoglobulin, have been described, but their effect is controversial. Identification of patients at high risk of mortality is essential for selection of patients that may benefit from future novel treatments and for development and comparison of future trials.

Study: Retrospective**Aim:** To analyze clinical profile, effect of associated co-morbidities, trauma and duration of symptoms before admission on hospital stay**Study group:** 25cases of NSTIs who reported to our hospital during January to December 2015(formula used- $ME=z*\sqrt{(p(1-p))/N}$)**Exclusions:** deaths (two)**Co-morbidities included:** Diabetes mellitus, Chronic liver disease, Respiratory disease, Respiratory disease, Vascular disease, Dyselectrolytemia

(No patient was found to have any renal disease)

Results: study showed that the disease is more common in males (80%) and in patients with age group 51-60 years (48%), more in patients with diabetes mellitus (60%),traumatic injuries(32%) and in patients with other co-morbidities(40%). 40% patients had a history of 10-15 days of illness before presenting to hospital.44% patients had less than 4 days of hospital stay. There is no correlation between duration of symptoms before admission or hospital stay in patients with associated co-morbidities and trauma. There is no correlation between duration of symptoms before admission and hospital stay. There is increased hospital stay in patients with associated co-morbidities especially in liver pathology or electrolyte imbalance compared to other comorbidities

Biography

Hemant Atri has completed his MBBS from P.D.U. Medical College, Rajkot, Gujarat and currently pursuing Post-graduation in DNB Surgery at Fortis Escorts Hospital, Faridabad, India.

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