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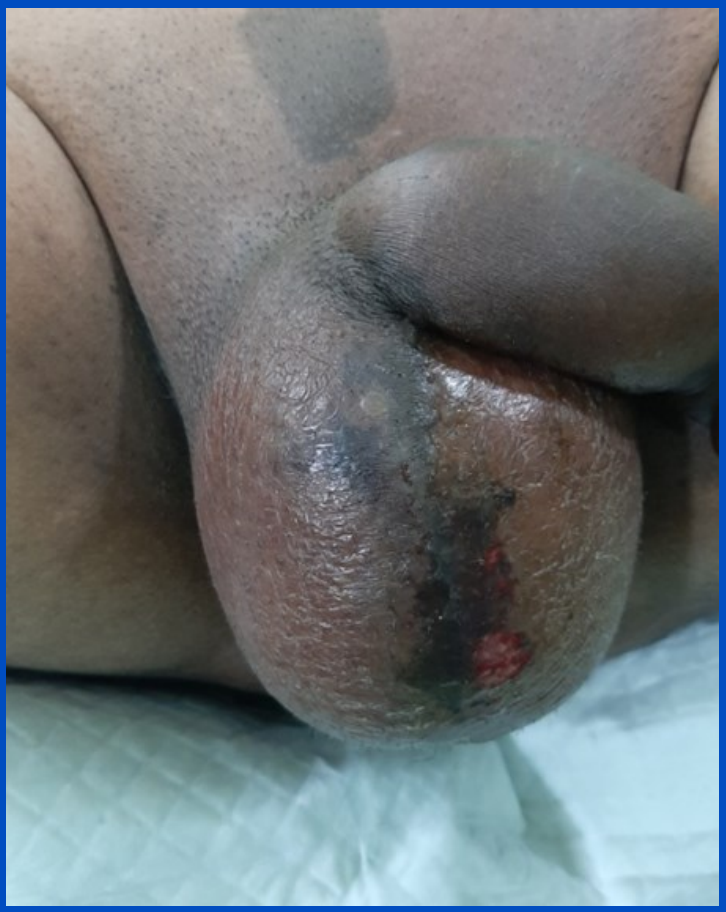

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Aim and Scope of Brunei International Medical Journal

The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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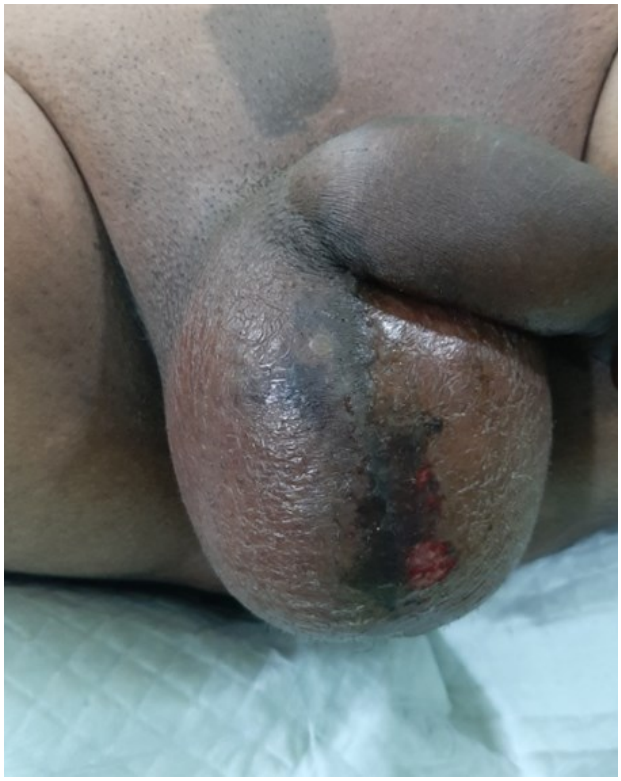

Figure 1

A 43 year old male patient presented to the Emergency Department with a history of swelling of the scrotum along with pain and redness since 2-3 days duration. He had noticed the swelling after experiencing severe itchiness in his scrotum which later developed into a small pustule the following day. He also gave history of fever. General examination showed a pulse rate of 111bpm, BP of 160/90mmHg and a temperature 101^0 F. He was hypertensive though not a known diabetic until detected at our hospital. Local examination on admission showed the whole scrotum to be swollen with erythyma and tenderness. The penis was also swollen. Next day morning evaluation revealed presence of necrosis of scrotal skin (Figure 1) along with ascending redness in both groin and there was severe tenderness. Patient was subjected to a radical debridement under anaesthesia.

What is the diagnosis?

Answer*: refer to page 125*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of these images.

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(***Refer to page 124***)

ANSWER: FOURNIER'S GANGRENE

Necrotising fasciitis was a term that became popular to also be known as '*flesh eating bacterial disease*'. [1] In the year 1883, Jean Alfred Fournier gave a detailed description on the necrosis that was occurring in male genitalia after which it is called Fournier's Gangrene. [2] It is also known by many names like streptococcal scrotal gangrene, idiopathic gangrene of the scrotum, etc. [3]

It is now considered to be necrotizing fasciitis that affects genital and perianal region in males and females. It can occur at any age though more common in middle age and in immune-compromised status like diabetes mellitus, alcoholism, chronic kidney disease, etc. [4]

Although it was considered earlier to be idiopathic, today, trauma is a recognizable source of entry of infection. [2, 4] The common causative organisms are staphylococcus, streptococcus, enterobacteriaceae, etc. [2, 4] In our case, the organism was methicillin resistant staphylococcus aureus. The diagnosis of this condition is mostly clinical and should be early; otherwise it can progress rapidly causing multi-organ failure and mortality.

Surgery is the main choice of treatment where all the devitalised tissues are removed (Figure 2) and often they may require repeated debridement. Negative pressure wound therapy is known to be beneficial in large wounds. Post debridement, the reconstruction methods include secondary suturing, split skin grafting, burying of testis in thigh or abdomen, etc. [4]

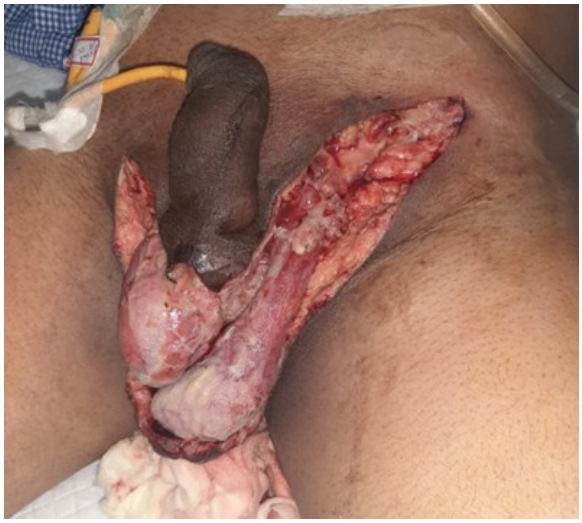

Figure 2: Surgical debridement of Fournier's gangrene of the scrotum with complete laying open and removal of necrotic tissues of the groin and testes.

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