

Management of Secondary Perineal abscess with impending Fournier's Gangrene by Incision and Drainage with Surgical Debridement in an Operated Case of Perianal Abscess - A Case Report

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Abstract: *The Anal gland infection is the primary causes for the formation of an Anorectal abscess. They are located in between the internal sphincter and longitudinal muscle of the rectum. Here there is a case of operated perianal abscess, due to the development of septic symptoms and spreading of pus towards perineal region in post operative period then referred to the Higher Allopathic center, they diagnosed as Post Operative Fournier's Gangrene with perianal abscess. Perianal abscess is an surgical emergency procedure. This case underwent Incision and drainage with Surgical Debridement, After 25 days Patient was absolutely fine with healed wound.*

Keywords: Perianal Abscess, Systemic Disorder, Fournier's Gangrene, Incision and Drainage with Surgical Debridement.

1. Introduction

Perianal abscess origin from anal gland. Here, the main theory is cryptoglandular theory. In this the main culprit for perianal abscess is intersphincteric anal gland Infection as explained by Allan Parks¹. Perianal abscess being a common surgical emergency. Here surgery is the key treatment follows incision & drainage with surgical debridement. The Most Common being Gram Negative organism is the causative factors where the higher level of antibiotic is needed. It is one among the infectious pathology of the perianal region causing significant morbidity.

2. Patient Information

A 39 year old male patient came with the history of throbbing pain & swelling in the right gluteal region since 15 days associated complain of on & off fever since 5 days. On blood investigations, White Blood Cells count was 49,700 cells per cubic mm with increased neutrophils count and decreased lymphocytes count. With this, Random blood sugar was 346 mg/dl, increased in Blood Urea and Serum Creatinine level was 55 mg/dl & 1.6 mg/dl. Incision and Drainage with Surgical Debridement under Local Anaesthesia was performed. Post operatively the patient was maintained on antibiotics intravenously Ceftriaxone + Sulbactam and Metronidazole. For Dressing packing and irrigation followed. After 48 hour the symptoms of sepsis and the infection spreads towards perineal region seen. For this, we used Ultrasonography of right gluteal region for diagnostic confirmation suggested that there is a small pockets of abscess with volume of 8.0ml seen in right anterior perineal region and this abscess seen extending up to the root of scrotum on right side of midline. Due to this

condition, We refer to the Higher Allopathic Center. There, they diagnosed as Perianal Abscess with impending Fourniers Gangrene. Patient taken for incision and drainage towards the scrotal region, on exploration there was foul odor, purulent discharge with extensive necrosis of the perineal region with surgical debridement done under spinal anesthesia. The wound was closed with suture. [Figure. No.01] Then patient was given Intravenous Antibiotic injections for 7days with Cefotaxim, Ceftriazone and Tazobactam, Gentamicin and Analgesic Repeated the blood investigation. [Table No: 01]. After, 25days patient was fine with Wound Healing.



Figure 1: Incision and Drainage with Surgical Debridement, Healed Wound

Table 1

Blood Investigation		
Parameters	Before Treatment	After Treatment
White Blood Cells	49,700 Cells/Cumm	7,900 Cells/Cumm
Neutrophils, Lymphocytes	N - 90, L - 05	N - 80, L - 15
Random Blood Sugar	346mg/dl	220mg/dl
Blood Urea	55.0mg/dl	26.7mg/dl
Serum Creatinine	1.6mg/dl	0.84mg/dl
Ketone bodies	Present	Absent

3. Discussion

Ano - rectal abscess associated with low level of immunity seen in comorbidities such as Type II DM & Hypertension. It is more frequent in males than compared to females. I&D done with surgical debridement is the treatment protocol of surgery. Here, In this case patient was both Diabetic and Hypertensive since 7 years under Treatment. Majority of perianal abscess are seen in systemic disorders, due to Cryptoglandular infection and Gram negative organisms are one among the causative factors requires higher generation of antibiotics.

4. Conclusion

Perianal abscess is a common surgical emergency². It is associated more in lowered level of immunity seen in Type II Diabetes Mellitus and Hypertension³. It is more seen in males than in females. Surgery is Incision and Drainage is the Key Treatment of Perianal abscess⁴.

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