



Surgical Management of a Rare Clostridial Necrotizing Soft Tissue Infection at a Veterans Affairs Medical Center: A Cinderella Story

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CASE DESCRIPTION

53-year-old M w/PMH uncontrolled diabetes mellitus II, abscesses, presented to VA ED with 4 days of thigh swelling.

- **Vital signs:** Tachycardic (120), normotensive, afebrile
- **Physical exam:** Erythema, induration, tenderness to left anteromedial thigh
- **Notable lab values:** WBC (20), Hb (12), Na (132), Cr (2.1), glucose (419), CPK (47) CRP (46), ESR (104), lactate (2.89), HbA1C (7.3), LRINEC (11)
- **Imaging:** CT Lower extremity
- **Assessment & plan:**
 - Clindamycin, piperacillin-tazobactam, vancomycin
 - Emergent surgical debridement
 - ICU Admission
 - Insulin drip
- **Intraoperative cultures:** *Clostridium ramosum*, *Enterococcus faecalis*, *Parabacteroides*

RESULTS



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CONCLUSIONS

- 7 operative debridements
- POD 10 final debridement
- POD 26 STSG: 1.5:1 meshed graft
- >90% viability
- NSTI's are a surgical emergency
- "Necrotizing Fasciitis Team"
- Non-trauma center
- High-risk patient
- Rare, previously fatal, *Clostridium ramosum* infection