Fournier Gangrene as presentation of hematological malignancy

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Introduction

Fournier gangrene is a acute necrotising fasciitis of the external genitalia. It may rarely be associated or may present as a presenting symptom of hematological malignancy. Only 35 such cases have been reported in literature.

Case Report

60 year old male patient presented with a history of trauma to his scrotum 1 year ago after which he developed scrotal swelling and pain. He tried Ayurvedic and Siddha medication for nearly 6 months but his symptoms worsened. He consulted a local surgeon and was diagnosed to have right testicular abscess with Fournier Gangrene for which he underwent debridement and right orchiectomy. However despite regular dressing and debridement his wound did not heal. He was then diagnosed to have left testicular abscess and underwent left orchiectomy with further debridement but to no avail. Recently he started noticing urine leaking from his wound when he voided.

• General examination was normal
• Local scrotal examination revealed a 7 x 8 cm indurated ulcer on the ventral aspect of penis extending upto his perineum
• The ulcer was covered with slough and was foul smelling
• Urine leak was observed at the penoscrotal junction

• Reports
  • Retrograde urethrogram and voiding cystogram showed urine leak at peno scrotal junction
  • Chest X ray showed and irregular area of calcification in left hilar region

CT abdomen Pelvis : revealed an irregular mass at the level of penis with enlarged external inguinal lymph node

After suprapubic catheterisation a Biopsy of the ulcer taken which revealed features of high grade diffuse non hodgkins B cell lymphoma

Immunohistochemistry was positive for CD 20, MUM, 80-90 % for Ki 67 and negative for CD 30 BCL 6 CD 10

Patient was referred to an oncologist and started on CHOP regimen.

His lesion healed after 4 cycles of chemotherapy

Discussion

Fournier Gangrene has a aggressive clinical course that may complicate hematologic malignancies and, sometimes, present as the first sign of the disease. All efforts must be undertaken to ascertain the cause of the lesion.

References :
• Giovanni D’Arena et al 10.4048/MJHID.2013.067 Fournier’ Gangrene complicating Hematological malignancy
• Harald Faber et Lekemia Research :Fournier’s Gangrene as first presentation of promyelocytic leukemia

Chest X-ray RCU MCU