

## Clinical Case

### SPONTANEOUS NON-CLOSTRIDIAL GAS GANGRENE IN A DIABETIC PATIENT

- Gas gangrene is a rapidly spreading tissue infection, which leads to myonecrosis.
- Though, it is typically caused by bacteria *Clostridium perfringens*, in diabetic patients, gas gangrene could also be caused by Non-clostridial organisms like *Klebsiella pneumoniae*, *Streptococci*, *E. coli* etc.
- Most commonly it occurs following crushed wounds, injuries and surgical wounds but spontaneous (non-traumatic) gas gangrene can also occur.
- The classical feature of gas gangrene is severe pain, skin necrosis and crepitus.
- Early identification and initiation of treatment has better patient outcome.
- Any delay in diagnosis and management may result in high morbidity and mortality.
- Broad spectrum antibiotics and surgical debridement is paramount in management of gas gangrene.



**Fig-1; X-ray showing multiple foci of gas in subcutaneous and intramuscular plane**



## *The Medical* **Bulletin**

### **CASE REPORT**

- A 49 year old male with uncontrolled diabetes admitted with high grade fever of 3 days duration and pain over left thigh for the past 2 days. No history of trauma in the leg.
- On local examination of left thigh- No wound was seen, skin appears normal but warm, crepitus and diffuse tenderness present all over the left thigh.
- X-Ray left thigh AP & lateral and left knee AP & lateral view showed multiple foci of gas in subcutaneous and intramuscular plane (Fig-1).
- Wound debridement was done by removing necrotic muscle tissues and pus of about 100ml was drained. Blood culture & sensitivity and wound culture & sensitivity showed the growth of *Klebsiella pneumoniae*.
- According to drug sensitivity, patient was treated with higher antibiotics, diabetes was well controlled with split dose insulin.
- This case was presented because Non-clostridial cause of gas gangrene is rarely mentioned in literature and its spontaneous occurrence in diabetic lower limbs are rare.

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