

## **PS1.162**

### **Urological sepsis in patient with care deficit**

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Personal History: Unknown allergies. Hypertension, ischemic heart disease with requested surgery for 2 stents. Without treatment from Jan / 14.

Anamnesis: 60 year old man brought by ambulance decreased level of consciousness. Warned by the landlord of the patient, who is faded in the bathroom of his home. Time of evolution is unknown. Upon the arrival of 061 find it lying on the bathroom, defecated, stuporous, with traces of bilious vomiting in oral cavity. Blood glucose 500 mg / dl and BP 88/56. Subsequently, it is located at a niece, who reports that was treated three days earlier at another centre by haematuria, was discharged with a diagnosis of UTI.

Physical examination: stuporous in response to painful stimuli, cachectic, unkempt. On auscultation crackles in both bases. Objective is hematoma in right chest. Tightening of perineum and penile swelling. Rest of examination: no significant findings.

Complementary tests: Blood test: 15200 leukocytes (N 13980), Glu 300, urea 95, creat 2.03, 260 CK, troponin I 4.74, C-reactive protein 175, PCT 35.68, 6.947 pH, PCO2 23, HCO3 4.8. Urine: ++ leukocytes, erythrocytes +++, abundant yeast. Chest X-ray: bilateral cottony pattern.

Diagnosis: Fournier gangrene vs perianal abscess.

Evolution: the patient is assessed by urologists, that determine performing contrast CT where the presence of Fournier gangrene is confirmed. Subsequently, given little improvement in the picture with hypotension despite volume replacement, and worsening in successive analytical tests, decided immediate surgery. After surgical debridement, the patient is admitted to the ICU for monitoring and subsequent cures in surgery in the next few days.

Conclusion: Fournier gangrene is a disease that requires immediate intervention because it is characterized by a rapid onset, usually with perirectal and onset of specific symptoms and can progress to necrosis, progressing to electrolyte disturbances, sepsis, coagulopathy, shock and death.

Keywords: Fournier gangrene, urological sepsis