



Skin necrosis after returning from a tropical zone

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ABSTRACT

We report a case of skin necrosis of the right thigh by insect bite after returning from a tropical country. This is a young man aged 35 years who presented to the emergencies with skin necrosis of the right thigh. On anamnesis, he reported being bitten by an insect in his right thigh a week earlier in the tropics. The causes skin necrosis and consequences of insect bites are discussed. Skin necrosis are often vascular, drug, toxic or animal venoms including insect bites can cause skin sagging of varying importance sometimes requiring a large necrosectomy with delayed skin graft.

Keywords : Skin necrosis; Insect bite ; Skin graft.

INTRODUCTION

Skin necrosis secondary to insect stings have mechanisms and varying etiologies. Some insect bites or animal bites can cause integument more or less severe necrosis. They pose diagnostic and therapeutic management of problems. We report the case of a patient with cutaneous necrosis of the right thigh by insect bite after returning from a tropical country. Through this rare observation and review of the literature, we will detail the principles of surgical management and reconstruction processes of the substance losses on septic necrosis.

MATERIALS AND METHODS

Observation

This is a man aged 35 years, chronic smoking with 16 packs / year, which presented a week before his return from a tropical country boil an infected right thigh by unidentified insect sting . The patient was admitted to the emergency in an array of impaired general condition and fever. The examination for admission is a patient in poor condition with dehydration folds, slightly discolored conjunctiva, febrile to 39.5 ° C, an accelerated heart rate to 110 beats / min, blood pressure 12/7, infected skin necrosis of the anterolateral aspect of the right thigh of a 300 cm² surface making welling pus (Figure 1). Laboratory tests showed leukocytosis hyper 18000 white cells / mm³ and C-reactive protein (CRP) at 163 mg / liter. After vascular filling and commissioning of a broad spectrum antibiotics after pus sampling for bacteriological examination, urgent surgery is decided. Given the local sepsis, initial surgery is a broad summary necrosectomy depth and area carrying any

infected necrosis until healthy skin margins (Figure 2). The adaptation of antibiotic therapy based on culture results that came back in favor of *Staphylococcus aureus* resistant to methicillin, the use of fat dressings and intravenous fluids resulted in a good evolution with improvement of the curve temperature and CRP. Routine administration of an analgesic treatment and a low molecular weight heparin has allowed simple surgical suites. The loss of substance (PDS) was followed until budding directed healing in less than 15 days. Since the bud was healthy and uniform, a thin skin graft was decided. A sampling of the anteromedial surface of the left thigh with a thin skin graft 4/10 the electric dermatome has been achieved, and the graft was put on the PDS and attached to the clips. The bandage and a splint immobilization for the right lower limb were advocated. A dressing using lipidocolloïde technology has been fixed to the clips on the recipient area however the donor area was covered by a dressing with calcium alginate. Scarring of the donor site and the skin graft was obtained in less than 21 days, and the engraftment was 100% (Figure 3). The patient did not present a functional sequelae and the aesthetic result will be judged during follow-up after three months with a secondary lipofilling option.



Figure 1: necrosis of the anterolateral aspect of the right thigh



Figure 2: Appearance after wide necrosectomy



Figure 3: Appearance of the scar area and the donor skin grafts after 21 days

RESULTS AND DISCUSSION

Necrosis results from the death of a fabric. At skin level, necrosis results in blackish and insensitive plates, whose removal makes way for ulcers. The mechanisms are often multifactorial, and the causes are sometimes intricate can be infectious, inflammatory, immunological or thrombophilic [1]. The sting of some aquatic animals (poisonous stripe, catfish, vivid) can cause skin necrosis succeeding inflammatory edema [2]. Envenomation by Viperidae bites causes slough rapidly diffuse surface and at depth. [3] Scorpion stings can cause skin necrosis succeeding the locoregional edema [1]. Some spiders have venom that can cause skin necrosis sometimes decaying. [4] Necrotizing fasciitis treatment of medical and surgical emergency is, it is divided schematically into two periods: the first period when the septic intensive care and surgical excision decaying represent the two major poles of the treatment, a second period for redress is considered from the resolution of the septic period involving coverage of bare areas and functional rehabilitation. The support period strongly influences the final outcome [5].

CONCLUSION

Skin necrosis caused by animal venoms, can lead to significant dilapidations sometimes requiring recourse to immediate or delayed skin graft office of local conditions.

Conflict of interest :

The authors declare no conflict of interest.

Author Contributions:

All authors contributed to the writing of this manuscript and read and approved the final version.

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