

[PICTURES IN CLINICAL MEDICINE]

Diabetes-associated Necrotizing Fasciitis of the Foot

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Key words: necrotizing fasciitis, non-clostridial gas gangrene, diabetes mellitus, diabetic foot, amputation

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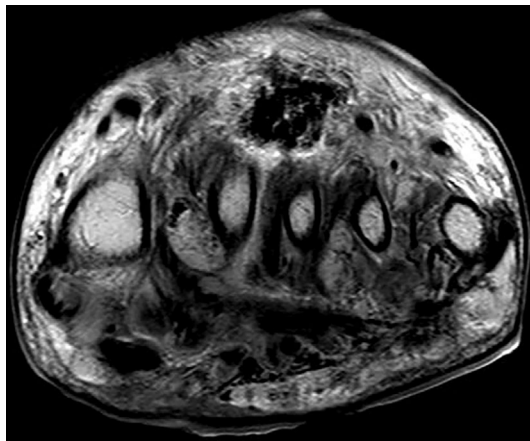
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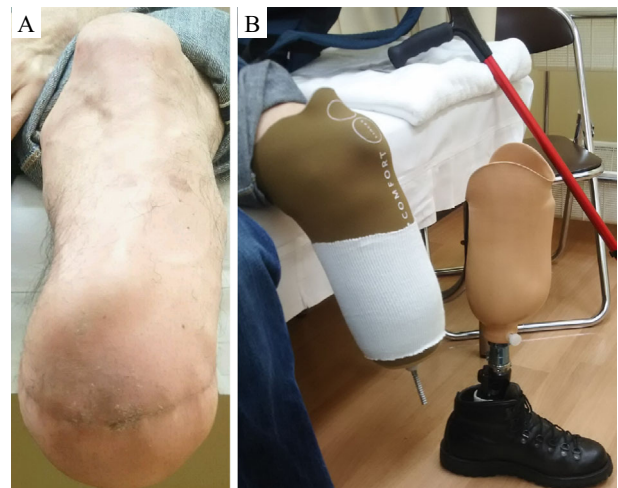
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 52-year-old man with untreated diabetes mellitus (HbA1c, 11.9%) presented with a 1-week history of the acute onset of swelling and pain in the left foot concomitant with a fever (39.4 °C). His white blood cell count and C-reactive protein concentration were 25,600 cells/mm³ and 22.6 mg/dL, respectively. His left foot was reddish and edematous with foul-smelling areas of necrosis (Picture 1). Ra-

diographic and magnetic resonance T2-weighted imaging of the affected foot showed gas and increased signal intensity

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in the soft and muscle tissues, suggesting gas gangrene (Picture 2, 3). Intravenous meropenem, clindamycin, and insulin were administered immediately (1), and left below-the-knee amputation was performed on the third day of hospitalization. Preoperative cultures of the necrotic tissue specimens revealed *Streptococcus agalactiae*, coagulase-negative staphylococci, and *Corynebacterium* species. We therefore diagnosed him with necrotizing fasciitis (2). He was able to walk with a prosthesis after eight months of gait rehabilitation (Picture 4).

The authors state that they have no Conflict of Interest (COI).

References

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