



## Necrotizing Fasciitis of the Breast and Right Chest Wall in the Postpartum Period

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### Introduction

A 16-year-old girl presented with a rapidly spreading ecchymotic skin lesion, high fever, bloody diarrhea, and in poor general condition that started four days before admission. She reported that she delivered vaginally 20 days ago. On her physical examination, she had fever, tachycardia, and tachypnea and a painful ecchymosis area starting from the right breast and spreading laterally to the body, two bullous lesions 5 cm × 5 cm and 4 cm × 4 cm in size, and an irregular appearance on the nipple (Figure 1). Also, there was widespread tenderness and defense in the abdomen. Hemoglobin level was 7.6 gr/dL, platelet count was 54,000/mm<sup>3</sup>, serum sodium 129 mmol/L, albumin 1.9 g/dL, CRP 92 mg/L, procalcitonin 0.94 µg/L, INR 1.45, fibrinogen 88 mg/dL. After blood cultures were taken vancomycin, meropenem and clindamycin were started. The patient was taken to the intensive care unit as her general condition deteriorated rapidly during follow-up. Follow-up laboratory tests revealed a rapid decrease in hemoglobin level and platelet count, and coagulopathy. Red blood cell suspension, fresh frozen plasma, and platelet supplements were given to the patient, and debridement was performed by surgery immediately. However, in the postoperative follow-up of the patient, cardiac arrest developed secondary to septic shock. The patient who did not respond to cardiac resuscitation was recognized as exitus. *Staphylococcus aureus* was isolated in the wound culture of the case.

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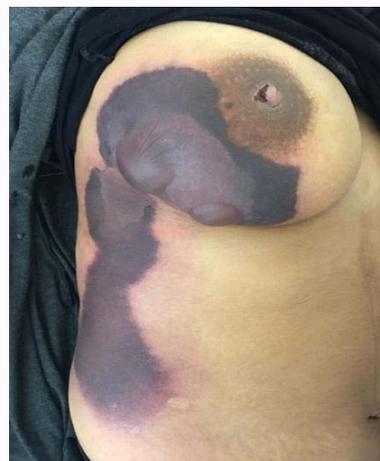


Figure 1: An ecchymotic region in the breast and right lateral body and bullous lesions in the right breast.

Necrotizing fasciitis is a soft tissue infection characterized by rapidly spreading necrosis of soft tissue and fascia, causing thrombosis in the subcutaneous vasculature, and can have a fulminant course not appropriately treated [1]. The essential steps in treatment are surgical debridement, broad-spectrum antibiotic therapy, and intensive care support [2]. Despite early diagnosis and treatments, its mortality is between 30% to 70% [3,4].

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