Fournier gangrene: computed tomography findings

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Fournier gangrene may have insidious initial clinical manifestation, and in the absence of early diagnosis and treatment it evolves rapidly to sepsis and death.

An 81-year-old man consulted our emergency department for fever and rectal pain. Abdominal computed tomography (CT) scan with intravenous contrast showed an intraparenchymatous prostate mass, compatible with abscess (Figure 1).

Despite antibiotic treatment, at 20 days he presented rectal pain, fever, and crepitus from the thoracic region to the groin. He was diagnosed with Fournier gangrene after a second abdominal CT scan (Fig. 2a) showed gas in the abdominal wall, ischioanal fossa, right buttock, corpora cavernosa, scrotum and ischioanal spaces, as well as emphysema at the root of the right thigh (Figure 2).

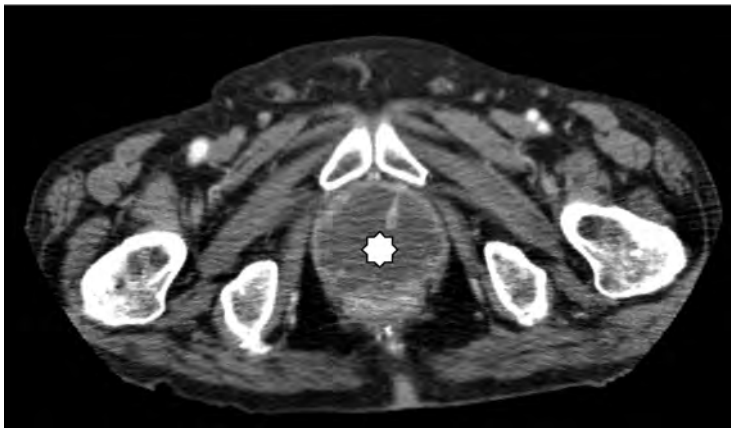

Figure 1. Initial abdominal CT scan showing the prostate abscess (asterisk).

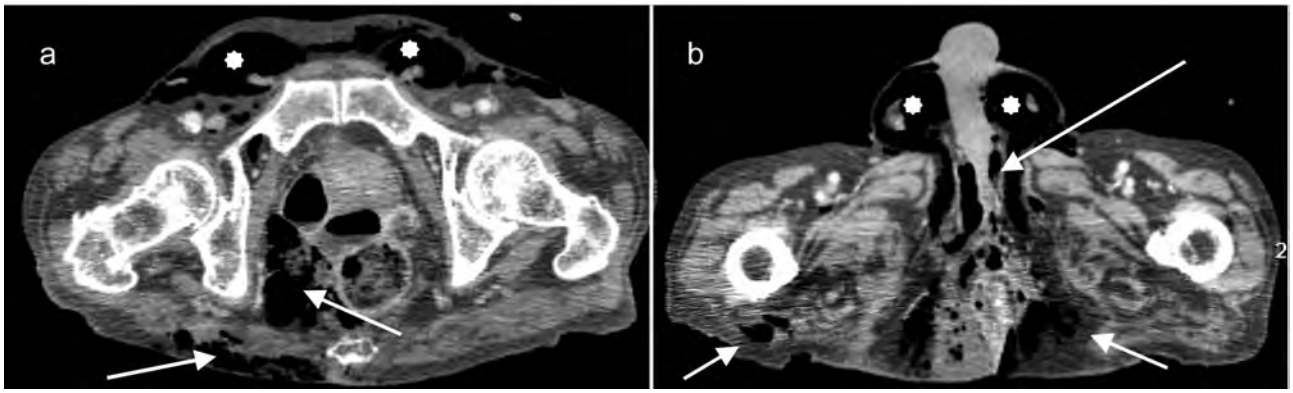

Figure 2. Abdominal CT scan after 20 days showed gas in the abdominal wall (a, asterisks), ischioanal fossa and right buttock (a, arrows), corpus cavernosa (b, long arrow), leg and ischiotibial spaces (b, short arrows).

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