

SCROTAL RECONSTRUCTION POST FOURNIER'S GANGRENE: A RETROSPECTIVE SINGLE CENTER STUDY

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Introduction: Fournier's gangrene (FG) is a synergistic bacterial infection affecting usually the external genitalia, perianal area, or perineum causing rapidly progressing tissue death. In this synergistic infection, the aerobic bacterial invasion of tissue creates the needed anaerobic environment for anaerobic bacterial habitation and multiplication. The resultant local tissue destruction and gangrene as well as systemic toxicity are consequent upon the combined invasive and toxic activities of the bacterial organisms. Reconstructive surgery can be planned after adequate clinical stabilization of the patient and eradication of infection. Reconstructive options are split-thickness skin grafting, using residual scrotal tissues, a temporary or permanent adaptation of the exposed testes into the medial thigh, local fasciocutaneous flaps, musculocutaneous flaps, or even free flaps can be used to restore aesthetic appearance and function of scrotum

Aim: This study aims to determine numbers of patients with Fournier's gangrene referred and types of reconstruction of scrotal done whether split thickness skin graft, primary closure or pedicle muscle flap

Method: Retrospective data collection from ward admission book and operation notes 2017 until 2022 performed by Plastic Surgeons in Sarawak General Hospital.

Result: A total of 24 cases of Fournier's gangrene have been referred to Plastic Surgery from year 2017 until 2022. Reconstruction with pedicle gracilis muscle flap is the most performed surgeries with total 79% (n=19), followed by primary closure, 13% (n=3) and split-thickness skin grafting 8% (n=2).

Conclusion: Choice of scrotal reconstruction depend on the size and extent of the defect, availability of donor site, patient's factor and expectations, and surgeon's preference.