SEPTIC SHOCK FROM SALMONELLA ENTERITIDIS NECROTISING FASCIITIS

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Necrotising fasciitis (NF) is a rare but life-threatening infectious process associated with high mortality. Most commonly identified pathogens are Group A streptococci, Staphylococcus aureus, Enterobacteriaceae and Peptostreptococcus spp. We report a rare case of Salmonella enteritidis NF.

A 72 years lady with past history of diabetes, hypertension, dyslipidaemia and IHD presented to us with bilateral lower limb pain, swelling and redness for one week. There were no prior history of gastrointestinal symptoms. She was febrile and hypotensive despite fluid resuscitation. Blood results revealed severe metabolic acidosis and impaired renal function. IV vasopressor was started to restore and maintain adequate perfusion pressure. A broad-spectrum antibiotic comprising of IV Piperacillin-Tazobactam and Clindamycin were administered. The orthopaedic team performed an extensive bilateral wound debridement under general anaesthesia. She was transferred to ICU postoperatively for stabilisation. The tissue and blood cultures isolated a sensitive strain of Salmonella enteritidis and the antibiotic was changed to IV Ceftriaxone. She was extubated uneventfully the next day and transferred to ward where she had multiple wound debridements performed. Fifteen days later whilst in the ward, her conscious level dropped suddenly. Raised troponins with ECHO showing a severely impaired LV function suggest an acute MI. She died on the same day.

NF due solely to Salmonella enteritidis with bacteraemia is very uncommon and this is the fourth case report based on Pubmed database. It would be interesting to perform a molecular work on the isolate ie. PCR for any variations or mutations in the genome that makes this particular strain more prone to causing NF compared to the typical strains that is pretty much limited to causing gastroenteritis.