



## A Severe Scrotal Gangrene and Its Adjuvant Treatment by Vacuum Sealing Drainage

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### Clinical Image

A 59-year-old man was referred to the department of Urology by complaining of scrotal pain with fever for 5 days. The patient has type II diabetes for seven years and the fasting blood sugar level was about 13.0 to 17.5 mmol/L. Physical examination showed that most of the scrotal skin was necrosis and blackening with partial scab formation, obvious swelling of scrotum and having fluctuation under scrotum, accompanied by subcutaneous emphysema of scrotum, special odor and subcutaneous twisting pronunciation. No deformity of penis, no abnormality of testis and epididymis were found. Bilateral inguinal lymph nodes were enlarged in many places. Purulent culture suggested there were *Escherichia coli* and anaerobic digestive streptococcus. The patient treated by levofloxacin and metronidazole, three times debridements based on incision and drainage with about 90% of scrotum skin resected. The Vacuum Sealing Drainage (VSD) was also used for its better drainage and irrigation. The residual scrotal skins gradually covered the wound and make it healed completely. The patient recovered with no complications (Figure 1).



**Figure 1:** The patient with severe scrotal gangrene was treated by anti-infection debridement, Vacuum Sealing Drainage (VSD) and gets recovered. A: Obvious necrosis of the perineal skin and subcutaneous abscess; B: Lots of pus moss attached to the bottom of the gangrene during debridement; C: Thorough debridement; D: Vacuum sealing drainage after debridement; E: State of wound healing at 1 day before discharge; F: Appearance of the scrotal surface at 3 months after discharge.

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