Fournier’s Gangrene and Prognostic Scoring Systems

Bulent Erol*

Faculty of Medicine, Istanbul Medeniyet University, Turkey

*Corresponding author: Bulent Erol M.D, Associate Professor of Urology, Faculty of Medicine, Istanbul Medeniyet University, Turkey, E-mail: erolbulent@yahoo.com

A Fournier’s gangrene (FG), a life-threatening necrotizing fasciitis of the male and female genitourinary tract was first described in the 1883 [1]. FG is an uncommon necrotizing fasciitis of genitalia and perineum that has high mortality and morbidity [2]. Many predisposing factors have been reported, including perianal disease, urethral stricture, local trauma, diabetes mellitus, and malignancy. Systemic diseases such as cardiac failure, hypertension, and renal insufficiency may have an adverse effect on survival in FG.

Identification of prognostic factors may help to determine high-risk patients. There are a few scoring system to stratify risk in this complex patient population. The Fournier’s gangrene severity index (FGSI) are a numerical score obtained from a combination of admission physiological parameters including temperature, heart rate, respiration rate, sodium, potassium, creatinine, white blood count, hematocrit and sodium bicarbonate [3]. Uludag Fournier’s gangrene severity index (UFGSI) adds an age score and dissemination of the disease score to the FGSI [4]. Charlson Comorbidity Index (CCI), which is a general scoring system for comorbid conditions described by Charlson et al. [5].

Although scoring systems are common use to determine prognosis of FG, early and aggressive debridement is the most significant prognostic factor in the management of FG.

References