**Fournier gangrene**
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**Clinical features** include sudden pain and swelling in the scrotum, purulence or wound discharge, crepitation, fluctuance, fever greater than 38°C (pronounced systemic signs, usually out of proportion to the local extent of the disease)

**Prognostic factors** on admission: 1) severe sepsis, 2) volume of necrosis (>5% BSA), 3) abnormal laboratory parameters (increased leukocyte count, creatinine, creatine kinase, urea, lactate dehydrogenase, decreased levels of hematocrit, bicarbonate, Na, K, Ca, total protein and albumin)

**Rate of fascial necrosis** has been noted as high as 2–3 cm per hour

**Computed tomography (CT)** plays an important role (extent of the disease): asymmetric fascial thickening, fluid collections, abscess formation, fat stranding around involved structures and subcutaneous emphysema

**Management of FG** is underscored by three main principles: rapid and aggressive surgical debridement of necrotized tissue, hemodynamic support with urgent resuscitation with fluids, and broad-spectrum parental antibiotics

**Primary goal of reconstruction** is simple and efficient coverage

**Additional goals are good cosmesis and the preservation of penile function**

**The best functional and cosmetic results** are achieved with primary closure of any remaining scrotum, though this is only possible with small defects

**Closure via secondary intention** particularly of large defects, prolongs healing time but also leads to contraction and deformity of the scrotum

**Unexpanded, meshed STSGs:** simple and reproducible technique for skin coverage after radical skin debridement of the genitals with adequate cosmetic and functional results

**Scrotal advancement flaps** provided good skin quality and cosmesis in small to medium sized scrotal defects. Patients with large and deep perineal defects often needed a myocutaneous or fasciocutaneous flap to eliminate dead space

**Polymicrobial infection:** most common isolated aerobic organisms are E. Coli, Klebsiella P, and Staph aureus while most common isolated anaerobic organisms is Bacteroide

**Most common predisposing factors:** diabetes mellitus (small vessel disease, defective pagocytosis, diabetic neuropathy, and immunosuppression), alcohol overindulgence, poor hygiene, and any condition that decrease the host immunity

**Portal of entry are:** colorectal, urogenital, cutaneous sources or local trauma