

## Necrotizing Fasciitis after Intramuscular Injection of Nonsteroidal Anti-Inflammatory

Baallal Hassan\* and Akhaddar Ali

*Department of Neurosurgery, Avicenne Military Hospital, Marrakech, Morocco*

Correspondence should be addressed to Baallal Hassan, [baallalnch@gmail.com](mailto:baallalnch@gmail.com)

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### 1. CLINICAL IMAGE

Necrotizing fasciitis (NF), a term introduced by Wilson [1], was first described as “hospital gangrene” in the American Civil War era [2]. It is a life-threatening infection of the superficial muscle fascia and the adjacent deep layer of the subcutaneous tissue. Progression to septic shock can occur within hours; the mortality rate ranges from 20% to 60% [3]. It is usually caused by b-hemolytic streptococci or a polymicrobial infection of both anaerobic and aerobic flora. Treatment is possible with early diagnosis, appropriate antibiotic therapy, and quick surgical intervention. Nevertheless, despite all interventions, it is sometimes difficult to manage NF. The Authors present a previously healthy 54-year-old woman presented to the emergency department with extensive NF caused by multidrug-resistant *Streptococcus pneumoniae* that developed following an intramuscular injection of diclofenac sodium administered at home by someone who was not a healthcare professional.

Physical examination revealed that the patient was severely ill, hoarse, and had a temperature of 38.7°C and cold skin with signs of impaired perfusion. His blood pressure was 90/50 mm Hg, and his pulse was 120

beats/min. The site of the injection was exquisitely tender, with extended substance loss, necrosis and a lot of erythema, she was admitted in intensive care unit, and begging the first-line therapy by immediate and extensive surgical debridement of necrotic areas (Figure 1) combined with antibiotic therapy.

### 2. CONFLICT OF INTEREST

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**Figure 1:** Necrotizing fasciitis due to *Streptococcus pneumoniae* after injection of nonsteroidal anti-inflammatory drugs in a 54-year-old woman (inner right thigh after extensive surgical debridement).

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