



## Necrotizing Fasciitis In Children: A Review Article

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### Abstract

Necrotizing fasciitis (NF) is a soft tissue infection with a capability of rapid progression if not treated promptly. It is an extremely rare infectious entity with a prevalence of 0.02% of all pediatric hospital cases [1]. Because of its rarity, correct diagnosis of this disease is usually not possible. In this review article it is aimed to critique the general characteristics of NF in children and the principles of management are discussed under the light of relevant literature.

**Keywords:** Necrotizing fasciitis; children; surgical treatment

### Introduction

Necrotizing fasciitis (NF) is a progressive disease with extensive infection involving subcutaneous tissue and superficial fascia. If untreated promptly, the disease may lead to necrosis of the fascia and surrounding soft tissue and may end up with several catastrophies like septic shock, organ failure and even death [1]. Due to the rarity of this disease, attending pediatric surgeon may face diagnostic and therapeutic challenges during management of these children who are usually misdiagnosed as cellulitis.

It has been reported that the disease has a prevalence of 0.02% and in another report this entity has been observed in 0.08 per 100,000 children per year [2]. According to recent reports there is an increasing incidence of NF due to streptococcus pyogenes [3-5].

There are several differences with regard to NF between children and adults. NF is commonly observed in immunosuppressed and diabetic adult patients on the other hand it frequently affects healthy children [2, 6-11]. NF is commonly seen in an extremity while in children most lesions are seen in the trunk [2, 6-11].

With regard to causative bacteria there are also major differences between adult and pediatric patients. Polymicrobial infection with anaerobic and aerobic microorganisms is commonly seen in adult patients and these are namely *Clostridium*, *Proteus*, *E. Coli*, *Bacteroides* and *Enterobacteriaceae* [10-13]. Unlike adults NF is usually seen as a consequence of monomicrobial infection caused by *S. Pyogenes* and occasionally due to *Staphylococcus aureus*, *Pseudomonas*, *Escherichia coli*, *Vibrio* species [2, 5, 7, 11, 14]. As far as the mortality rate due to NF is concerned, the rate of deaths in adult patients with NF is higher with a cumulative rate of 35% (6%-76%) than in children whose mortality rate was reported to be as low as 5.4% [15]. However mortality rate in neonates with NF is higher with a reported range of 36%-88% [16-18].

In the pathogenesis of the disease, initiating factors reported in the literature include minor and major trauma, surgical wounds, varicella lesions, in neonates omphalitis, circumcision and placement of catheters and electrodes, inguinal hernia repair or umbilical vein catheterizations [2, 3, 6-11, 19, 20]. As said before,

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