Gangrenous cellulitis of leg / by William Anderson.

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GANGRENOUS CELLULITIS OF LEG.

By WILLIAM ANDERSON, F.R.C.S., etc.

E. B., a stoker, 42 years of age, was admitted into St. Thomas's Hospital on July 2, 1893. He was a pallid emaciated man, in a condition of great prostration, suffering from extensive gangrene of the skin over the dorsum of the foot, with inflammation and threatening gangrene of nearly the whole of the integument of the leg as high as the patella. The partially separated slough over the foot exposed as in a dissection the extensor tendons and anterior annular ligament, while the skin of the leg dusky red in colour, and running here and there into black, was separated from the deep fascia by a sanious pus.

The condition was said to have begun three weeks previously, after an injury to the foot by the fall of a piece of iron. Inflammation set in two days later and extended up the leg. His health had always been good before the accident, and there was no history of syphilis or tuberculosis.

A number of incisions were made in the leg, and a thick brownish offensive pus was washed out by means of a hot boracic injection. The sloughing surface was cleaned by scraping and the gangrenous skin cut away. The whole limb was then washed with a solution of perchloride of mercury (1 in 2,000), and dressed with chlorinated soda lotion applied on slips of lint, drainage tubes being inserted into several of the incisions. Three days later the tubes were removed, and plugs of lint soaked in the chlorinated soda lotion were pushed into the apertures. Further incisions were made over

the peronei tendons, and sloughing portions of some of the foot extensor tendons were cut away.

The condition steadily improved, but it was necessary a fortnight later to make incisions in the sole to release a collection of pus. The health was gradually restored, and the undermined skin of the leg become united to the subjacent tissue by granulations.

On September 2nd, the granulating surface on the dorsum of the foot was covered with grafts (Thiersch) taken from the thigh and arm.

The patient left the hospital on the 11th of October.

Remarks.—This appears to have been a case of rapidly spreading infection extending from the foot lesion along the subcutaneous cellular tissue of the limb, leading to detachment of the skin from the fascia and rupture of the greater number of the cutaneous arteries. The exudation was most rapid and extensive over the dorsum of the foot, and it was here that the sudden cutting off of the vascular supply led to gangrene, but there is little doubt that the process of destruction would have involved the whole of the skin of the leg had it not been for the timely incisions and the adoption of antiseptic treatment. The condition is probably allied to the gangrenous erysipelas of former days, but at the present time it is one of great rarity.

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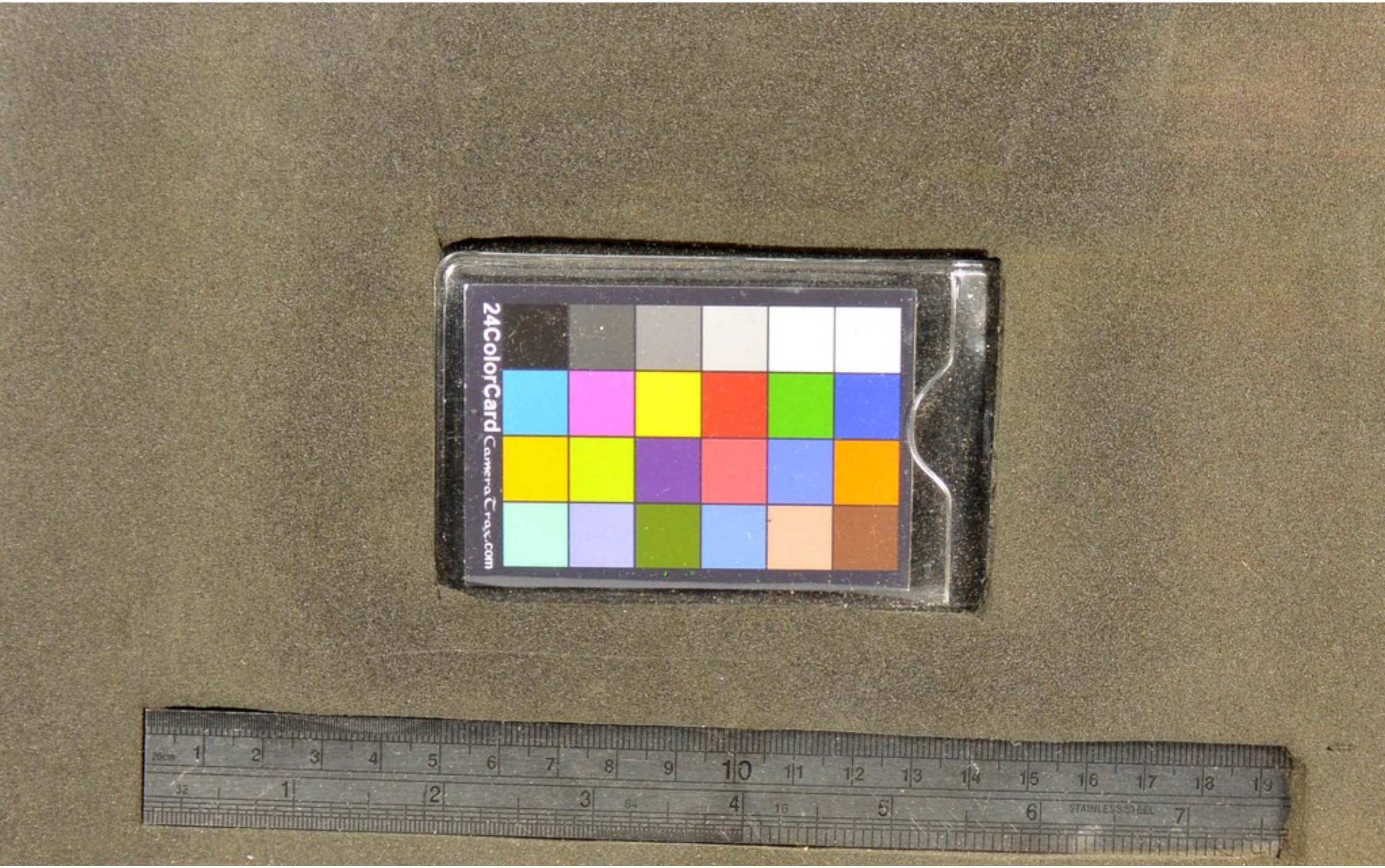
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