



Necrotizing Cellulitis Post Thighs Liposuction

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Abstract

A serious complication post liposuction is presented. The patient with a necrotizing cellulitis of a thigh and a nerve injury due to the debridement done before she was referred to our hospital. She needed multiple surgical and intensive care procedures to save her life. Two years after the incident, the residual defect was repaired with multiple consecutive expansions.

Keywords: Cellulitis, Liposuction

Case Report

A 19-year-old female was referred to our hospital 9 days after bilateral thigh liposuction. The surgery was performed in a northern province of our country. Two days after, the patient began complaining about pain in the left thigh, more analgesics prescribed but bandages weren't removed for a direct inspection of the area. Finally, dressings were removed one week after surgery showing a necrotizing cellulitis on the right thigh. This condition required a wide debridement (53cmx28cm); unfortunately, the peroneal nerve was damaged during the procedure.

Two days after excision, she was sent to our hospital. When we examined the patient she was in a critical condition: septicemia, multisystemic failure and an enormous debrided area with rests of necrotic tissue (Figure 1). Hematocrit 19%, creatinine 2,9mg/dl, elevated hepatic transaminases, respiratory distress syndrome and, because of the previous toilette, we found the peroneal nerve transected. After 25 days in Intensive Care Unit, therapists doing their best and our team performing 3 open packings daily, the patient was stabilized and the defect was skin grafted (Figure 2). Two weeks later the peroneal nerve was repaired using a saphenous

nerve graft (Figure 3). After 58 days of hospitalization, she was discharged, having lost 18Kg (Figure 4). Two years later, seeing a recovered patient and a very acceptable nerve function, we could repair the residual defect, with 3 different tissue expansion procedures, performed along 11 months (Figures 5 to 11).¹⁻⁵



Figure 1: 19-year-old patient when arrived to our hospital.

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Figure 2: 24 days after multiple open packings.



Figure 4: Discharge after 58 days.

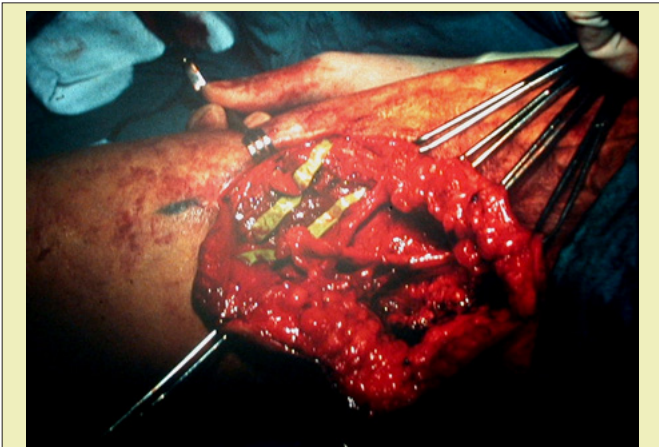


Figure 3: Repair of the external peroneal nerve.



Figures 5, 6: Patient's status 2 years later.



Figure 7: After first expansion two thirds of the defect were repaired and a second expander was placed in the buttocks.



Figures 8: Second expansion taken from the buttocks and skin advancement.



Figure 9: Third expander placed anteriorly.



Figures 10, 11: Final result 3 months after last surgery.

Conclusion

The main cause of the infection extension has been the 6 days delay in removing the bandages, when the patient status was critical. Post op control is one of the most important steps in any surgery; in addition, patient's queries and symptoms must be heard and observed with attention. Any bandages that don't permit a di-

rect view of the wound must be removed and replaced after a meticulous examination. An early inspection of the wound is crucial in many complicated surgeries such as this case where dressings were removed 6 days after and infection was already disseminated.

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Conflicts of Interest

Author declares that there is no conflict of interest.

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