

Splurge - Volume 7 Issue 7 (July 2012)

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FLESH EATING DISEASE

Flesh-eating disease has such a descriptive name that many people cringe at the sound of it. It sounds like something out of a zombie novel or horror movie. However, this disease is devastatingly real, rare, deadly, and so aggressive that in my opinion physicians have a duty to educate themselves and the public about it as much as they can.

As you may have read in the news, there have been several cases of flesh-eating disease (also known as necrotizing fasciitis) recently reported in the southern United States. The disease is potentially deadly and underscores how much vigilance we have to take with our health.

Necrotizing fasciitis is caused by a bacterial infection (*streptococcus pyogenes*). The majority of cases begin with an existing skin infection, most commonly on a wound or an extremity. The hallmark initial symptom to look for is redness of the skin that looks like an infection, that spreads rapidly.

Other symptoms include:

- small, red, painful lump on skin
- changes to a painful bruise-like area that grows rapidly, sometimes in less than an hour
- the center of the lesion may become black and die
- the skin may break open and ooze fluid
- fever and/or chills
- sweating
- nausea
- weakness and/or dizziness
- shock

The mechanism of the bacteria is to destroy layers of skin down through the muscle. This is why doctors are sometimes forced to amputate affected limbs in order to save the patient's life. This incredibly serious condition is often associated with sepsis and widespread organ failure. Diagnostic testing may include bloodwork, CT scans, and skin biopsy.

Though we caution everyone to be aware of this disease, we are especially concerned about children, elderly patients, and anyone with diabetes or other chronic immunosuppressive conditions. People with diabetes should make a point to avoid contact with people with skin infections and make sure to get their feet checked often, as this is an area where we always advise extreme vigilance.

What if you think you have necrotizing fasciitis? I consulted with an infectious disease specialist and the consensus is that if you think that you could possibly have flesh-eating disease or any infection that seems to

be worsening, **go to the emergency room immediately**. Caregivers and parents are also encouraged to check those in their care for possible infections. Health care professionals - especially those in ER and ICU settings - must wash their hands often and pay extremely close attention when attending patients.

The treatment for this disease needs to be immediate and aggressive. This is **not** a “wait and see” situation. Common treatments include multiple antibiotics (most frequently I.V. broad-stream antibiotics), surgery to drain the infection and remove dead tissue, and/or special medicines called donor immunoglobulins to help fight infection.

Depending on the damage to the affected area, skin grafts can help after the infection has gone away. In extreme cases, amputation may be necessary, as has been seen in the most publicized case of late in Georgia. Complications can include sepsis, scarring and disfigurement, loss of limb or death.

As stated in our earlier article about MRSA (an antibiotic-resistant staph infection), these diseases are definitely ones to keep in mind - for your own health and your loved ones. Even a day of “watching and waiting” can make the difference of a lifetime with these infections, so be sure to take care of yourself and keep your good health always in mind.

For more information, contact National Necrotizing Fasciitis Foundation at www.nnff.org.

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