

## Silent But Deadly: Fournier's Gangrene in Women with Diabetes

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### Background

Fournier's gangrene is a rare and severe polymicrobial necrotizing fasciitis of the perineum and external genitalia, characterized by a fulminant course and high morbidity and mortality.

The annual incidence ranges from 1.6 to 3.3 cases per 100,000 population, with type 2 diabetes accounting for 30% to over 50% of cases, and a marked female predominance.

### Patients and methods

We report a series of case reports of diabetic patients presenting with Fournier's gangrene, with the aim of highlighting the clinical and epidemiological characteristics of this severe infection.

### Case reports

**Case No.1:** A 48-year-old female patient, diabetic for 8 years and taking Metformin, was admitted for diabetic ketosis with Fournier's gangrene, revealed by swelling associated with pain in the perianal and gluteal region, rapidly complicated by perianal necrosis extending to the left thigh, progressing for 7 days in a febrile context. Laboratory tests revealed a clear infectious syndrome with pus sampling: *Enterococcus faecalis*

**Case No.2:** A 43-year-old female patient was admitted for inaugural diabetic ketoacidosis with Fournier's gangrene, revealed by an ulcerated lesion in the left perianal region for 4 months, which had been manipulated. The condition progressed rapidly to the left gluteal region, accompanied by fever. Laboratory tests confirmed a clear infectious

syndrome with *Streptococcus Agalactiae* found in the pus sample.

**Case No. 3:** A 55-year-old female patient was admitted for diabetic ketosis with Fournier's gangrene, revealed by an abscessed swelling in the right perianal region that had been present for 10 days. The condition progressed rapidly to the right gluteal region, accompanied by fever. Laboratory tests confirmed a clear infectious syndrome, with pus culture still in progress.

**Case No. 4:** A 22-year-old female patient was admitted for diabetic ketoacidosis with Fournier's gangrene, revealed by swelling of the left labia majora for 15 days. The condition progressed rapidly to the perineal region, accompanied by fever. Laboratory tests revealed a clear infectious syndrome.

### Discussion and conclusion

Necrotizing infections of the skin and soft tissues are severe conditions marked by rapid extension along fascial planes, leading to extensive destruction of the skin, subcutaneous tissue, and muscle.

Their clinical presentation depends on lesion site, extent, causative bacteria, and patient-related risk factors. They may be monomicrobial—most often due to streptococci or staphylococci—or polymicrobial. Fournier's gangrene typically affects immunocompromised individuals, particularly diabetics (40–60% of cases), but also those with alcoholism, malnutrition, poor hygiene, or immune deficiency (chemotherapy, HIV/AIDS, advanced

age, etc..). Women are less frequently affected, with gynecological origins often implicated.

Management is an emergency and requires broad-spectrum antibiotics, hemodynamic stabilization, and, crucially, early and aggressive surgical debridement to lower the persistently high mortality rate and reduce functional and aesthetic sequelae.

**Keywords**

Fournier's gangrene, Diabetics, Treatment, Mortality

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