

RARE CASE OF SYMMETRICAL PERIPHERAL GANGRENE DUE TO SEPTIC SHOCK AND INOTROPIC USE

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Introduction: Symmetrical peripheral gangrene is characterised by symmetrical gangrene of two or more extremities without obstruction of large vessels. This condition affects the fingers and toes more frequently compared to the ears, nose and genitalia. It is associated with a high degree of morbidity and mortality with a wide etiological spectrum. 45 years old gentleman was brought in with severe sepsis and hypotensive. He presented with history of lethargy, myalgia and epistaxis. He was initially treated as Disseminated methicillin-susceptible *Staphylococcus aureus* bacteraemia secondary to lung infection and cellulitis of lower limbs. He was started on antibiotic and inotropic support for two weeks before being referred to tertiary referral hospital.

Discussion: Upon examination, patient was septic looking with pulse rate of 100 beats per minute, with a blood pressure (systolic reading of 90 mm Hg and diastolic of 59 mm Hg). He had a pyrexia of 37.8°C with no lymphadenopathy. In the lower limbs, he had dusky hyperpigmented toes. All the peripheral pulses in the lower limb were present and full volume. X-ray showed no gas shadow and no osteomyelitic changes. The complete blood count on admission showed white cell count of 1.98, with a low hemoglobin of 6.6 g/dL. His renal function and lipid profile were normal. A random blood sugar done on admission was within normal limits. He was planned for bilateral below knee amputation once medically stable.

Conclusion: In conclusion, Symmetrical Peripheral Gangrene is a devastating complication of sepsis. It should be managed aggressively as it is associated with high morbidity and mortality. Most patients end up with amputation of the affected limbs. It is important to have a high index of suspicion and identify the underlying cause early as this is essential in preserving life and limb before irreversible ischemia and gangrene set in.