



## P156. NECROSANT FASCE?TE IN PATIENT IN THE LATE PUERP?RIO - CASE REPORT

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### Introduction

Necrotizing fasciitis, more popularly known as "meat-eating bacteria", is a bacterial infection that progresses Rapid and high discharge caused by beta-hemolytic Streptococcus. How bacteria penetrate like Deeper layers of skin and subcutaneous tissues, spreading rapidly through superficial fascias and subcutaneous tissue.

### Objectives

To present a case of necrotizing fasciitis in a patient without late puerperium of Ary Pinheiro Base Hospital (HBAP) and to review literature About this topic.

### Methodology

The present work used reference of the bibliographic research, detailed information and report the case on fasciitis Necrotizing in late puerperium occurred in a hospital in Porto Velho - RO.

### Results and Conclusions

Patient T.N.L.C, 26 years G2PC2 referred from the PAU to the obstetric center of HBAP on 03/15/17 in 9th post cesarean birth With myalgia and hyperthermia, abdominal pain and surgical wound secretion output started 4 days ago. Patient with history of Malaria vivax ++ / 4+ in gestation treated irregularly. Physical examination of entrance blood pressure 110/70, globose painful abdomen A palpation presence of edema and erythema in the region of operative wound, specular examination of purulent secretion outlet fetid by Hole in the lap. Requested laboratory tests. Exams presented leukocytosis, antibiotic therapy was started and requested computed tomography. On 03/17/17, she underwent exploratory laparotomy with excision of necrotic tissue in the abdominal wall of fetid odor and Opted to leave open surgical wound with daily dressing and drain. It evolved with worsening in the picture being requested vacancy in ICU. Abdominal tomography was performed on 03/22/17 that showed thickening of subcutaneous cellular tissue, small thing Bilateral pleural effusion. Reopened twice by plastic surgery where debridement of the abdominal wall was performed, antibiotic therapy was maintained With triple scheme and daily curative. Patient evolved with improvement after grafting and hospital discharge on 03/30/17.

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