

## 62. SURGICAL ASPECTS OF ERYSIPELAS

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**Introduction.** Erysipelas has been known since ancient times, but even the achievements of modern medicine cannot completely overcome this disease. The annual incidence is up to 22.0 cases per 10,000 people. Main problems of erysipelas are its recurrent nature and purulent-necrotic complications. According to various sources in recent years, up to 19% of all cases of erysipelas are necrotic forms that do not respond to therapeutic treatment. As a consequence, there is currently a need to search for new methods of treatment and use of new surgical approaches for necrotic forms of erysipelas.

**Case presentation.** Patient P, a 65-year-old woman, was admitted at the Department of Septic Surgery, Municipal Clinical Hospital nr.1, with a fever of 39°-40° and ulceration on the postero-medial and postero-lateral surface of the lower part of the right calf. Physical examination revealed edema, hyperemia, necrotic skin lesions and ulcer. The ulcer appeared a month ago. The patient has a history of autoimmune thyroiditis, arterial hypertension, trophic ulcer of the right leg. Laboratory tests had shown an increased level of leukocytes - 17.3 U / l, hemoglobin - 103 g / l, erythrocytes - 3.6x10<sup>12</sup> / l, urea - 9.2 mmol / l. The patient was diagnosed with a necrotic form of erysipelas of the right leg. On the third day of hospitalization an urgent surgery was performed - debridement of the necrotizing ulcer of the right leg. The patient received antibiotic therapy with ceftazidime 1 g 2 times per day for 10 days, then amoxicillin orally 500 mg 3 times per day for 5 days. Physiotherapy was carried out with ultraviolet rays for 7 days, as well as enzyme therapy with a trypsin dressing, boric acid and Levomekol ointment. On the 24th day of hospitalization, due to a tissue defect of 8x10 cm covered by granulation tissue an elective surgery – free skin grafting was performed. With the help of surgical dermatome, the split skin was harvested from the right thigh, with the complete coverage of the defect on the calf. A potassium permanganate dressing was applied to the donor site, glycerin – to transplanted flap and then was applied the aseptic dressing. The postoperative period was uneventful, the skin transplant is without rejection and defects.

**Discussion.** This case is a great example of progression and rate of development in erysipelas. It is representative of pathology's evolution and demonstrates effectiveness of combined antibiotic therapy and dermatoplasty in these patients.

**Conclusion.** Timely diagnosis and treatment play a decisive role in the evolution of erysipelas episodes. The active surgical treatment of necrotic forms can reduce the number of complications of erysipelas and improve the quality of patients' life.