

# Necrotizing Fasciitis Masquerading as Cellulitis

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Case Description: 44 year old female with PMHx of DM II, coronary artery disease, hypertension, hyperlipidemia, peripheral vascular disease (PVD) presented to urgent care with acute worsening of right foot ulcer with fever and erythema.

Patient was seen by the PCP a week ago, was prescribed oral antibiotics without improvement. X-ray completed a week before as an outpatient was negative for osteomyelitis or gas. In the UC, she was treated with a dose of IV Cefepime and determined to require inpatient care. She did receive 2 doses of oxycodone 5 mg for pain.

She was referred and after passing clinical and social screening, was enrolled into the KP Advanced Care at Home Program for further inpatient management. Wound culture grew out Pseudomonas. Over the course of the next few days, patient persisted to have fevers up to T102. ID was consulted and antibiotic regimen was broadened by adding IV Vancomycin and Metronidazole. Patient continued to have fevers. Blood cultures remained negative. Given high pain tolerance, pain was not a significant complaint during the admission stay. Field RN noticed worsening redness of the foot and leg with some swelling.

Given the worsening wound and persistent fevers, she was escalated back to the Emergency Department (ED) for further evaluation. X-ray of the Rt foot in the ED showed gas concerning for necrotizing fasciitis.

She was determined to need admission, Orthopedics and Vascular consults were called, and she underwent debridement in the operating room.

Ultimately, due to worsening gas gangrene and severe PVD, she underwent a Rt below knee amputation and was eventually discharged to home.

Clinical Pearls: A high index of suspicion for possible complications such as necrotizing fasciitis is important to keep in mind especially with atypical presentations of cellulitis where pain may not be a significant symptom. Early identification and treatment with escalation to the brick and mortar setting is usually required.



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