

Clinical-Medical Image

Necrotizing Fasciitis Following Intramuscular Self-Injection of Insulin

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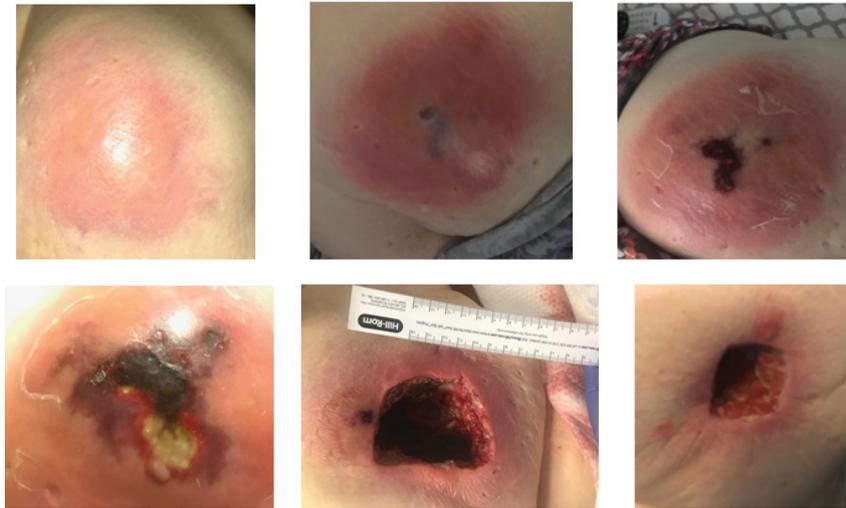


Figure 1: The picture shows the presentation that the wound was healing with secondary intention.

Clinical Image

A 67-year-old female presents to the clinic with past medical history of infiltrating ductal carcinoma (s/p mastectomy in complete remission), and diffuse large B-cell lymphoma (refractory to multiple chemotherapy regimens). Patient underwent Chimeric-Antigen Receptor (CAR-T) therapy with Yescarta, and salvage Bendamustine plus Rituxan prior to CAR-T therapy. She achieved complete remission on day 100 restaging. Co-morbid conditions include osteoarthritis, hypertension, hyperlipidemia, and type 2 diabetes mellitus. The patient's T2DM is poorly controlled due to medication non-compliance. Her medication regimen includes Lantus 30 units twice daily and Humalog 15 units before every meal.

Regular follow-up and communication was maintained with the patient. We noted the emergence of a wound on her right buttocks, post self-injection of subcutaneous insulin. The patient stated that she experienced heavy bruising in her abdominal area, which motivated her to self-inject the insulin in her right buttock. Patient pursued wound checks on the developing cellulitis at her local community clinic every 2 days for about 1 week. Wound culture was positive for moderate *Staphylococcus aureus*. Treatment regimen included Clindamycin 300 mg, 2 capsules every 8 hours. Despite the antibiotic regimen, the patient's condition was deteriorating and her wound was showing signs of necrosis. She was referred to the emergency department, where she was found to be septic and started on broad-spectrum antibiotics. Immediate surgical intervention prompted an I&D. The patient was admitted post-op on an antibiotic regimen including Flagyl, Vancomycin, and Cefepime, and a wound vacuum. Home Health follows up with the patient every three days for wound vacuum maintenance and wound checks (Figure 1).

The patient's most recent presentation showed that her wound was healing with secondary intention. The findings of this case highlight the importance on patient education of proper insulin injection techniques, including the use of new needles for injection and compliance with appropriate routes of administration. This should be coupled with the importance of early diagnosis and surgical intervention in the treatment of necrotizing fasciitis in order to ensure patient survival.

Keywords: Ductal carcinoma; Abdomen; Insulin

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