Neglected Urethral Stone’s Catastrophic Outcome: Fournier’s Gangrene

İhmali Edilen Üretral Taşın Katastrofik Sonucu: Fournier Kangrenesi

Keywords: Urinary stones; Fournier’s gangrene; urinary retention

ABSTRACT A 73-year-old male presented to the emergency department with urinary retention, penile swelling, and penile color changes, indicative of a critical condition. Physical examination revealed necrotic areas on the penile skin and subcutaneous crepitus extending to the suprapubic region. Computed tomography confirmed bilateral hydronephrosis, severe bladder distension, a stone in the mid-penile urethra, and air densities in the abdominal wall’s subcutaneous fat layers, consistent with necrotizing fasciitis (NF). Prompt surgical debridement and cystourethroscopy were performed, addressing the infection through sequential debridements and parenteral antibiotics. Repair the urethral defect secondary to necrosis was performed, followed by reconstruction of the debrided area using a fasciocutaneous flap for the skin defect. Despite successful outcomes from rapid and multiple interventions, the case highlights the rare scenario where neglected urethral stones can potentially lead to NF.

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Anahtar Kelimeler: Üriner taşlar; Fournier kanganreni; idrar retansiyonu

Urolithiasis is the third most prevalent pathology within the urinary system, following infectious and prostatic diseases. Approximately 0.3-2% of these stones are estimated to be in the urethra. Urethral stones are typically managed expectantly, with pain medications and hydration, as they often develop and grow slowly. However, stones that form in the upper urinary system and migrate to the urethra typically cause acute symptoms. Endoscopic stone extraction may be attempted if the stricture is amenable to internal urethrotomy and the stones are small.1 necrotizing fasciitis (NF) and obstructive uropathy stand out as life-threatening complications associated with urolithiasis.2,3 Fournier’s gangrene (FG) is NF that affects the perineal, genital, perianal tissues, and abdominal wall. This rare, rapidly progressing, potentially life-threatening infection constitutes a urological emergency. Depending on the severity of its clinical presentation, FG carries a mortality rate ranging from 10% to 20% and was initially described by Jean Alfred Fournier in 1883.3,4 Isolated cases involving the
penis are scarce in the literature, with only a few single case reports reported. A thorough literature search unveiled twenty-one documented cases.\textsuperscript{5,6} Its etiology is no longer considered idiopathic and is generally linked to a pathological process originating from the skin, urinary tract, or colorectal region. NF has been demonstrated to have associations with diabetes, alcohol consumption, human immunodeficiency virus (HIV), and chronic steroid use. These factors contribute to decreased host immunity, allowing microorganisms to enter the perineum.\textsuperscript{7,8} Urogenital causes of NF include urethral strictures, internal catheters, traumatic catheterization, urethral stones, and prostate biopsies. Strictures and stones may manifest with minimal symptoms and can go unnoticed without appropriate examinations. Typically, treatment management involves a multimodal approach, encompassing early aggressive surgical debridement, urinary diversion, and antimicrobial therapy with broad-spectrum antibiotics. Generally, reconstructive surgeries are required after that. This study aims to contribute to the literature with a unique case diagnosed with sepsis secondary to NF due to a urethral stone.

\section*{CASE REPORT}

A 73-year-old male patient was admitted to the emergency department with complaints of urinary retention, penile swelling, and changes in penile color. He had no history of urinary system stones in himself or his family. There was no known comorbidity and no history of prior surgery. The patient reported experiencing intermittent urinary retention and hematuria in the 5 days leading up to the emergency department visit. Upon physical examination, necrotic areas on the penile skin and subcutaneous crepitus extending to the suprapubic region and globe vesicale were identified (Figure 1). Laboratory results showed elevated serum creatinine (4.56 mg/dL), urea (232.5 mg/dL), C-reactive protein (408.95 mg/L), and procalcitonin (34.88 ng/mL). Sexually transmitted diseases panel tests were negative. Computed tomography revealed bilateral hydroureronephrosis, severe bladder distension, stone opacity in the mid-penile urethra, and air densities extending to the pelvic inlet in the anterior subcutaneous fat layers of the abdominal wall (Figure 2).

The patient was diagnosed with sepsis secondary to NF due to an obstructive urethral stone and with acute kidney failure, and there was no need...
for hemodialysis during follow-ups. Broad-spectrum antibiotic treatment (ertapenem and vancomycin) was initiated along with necessary fluid replacement, and an urgent wound debridement was performed. A suprapubic cystostomy catheter was placed before cystourethroscopy, and the urethral stone was fragmented (Figure 3). Necrotic tissues were debrided, revealing compromised integrity of the penile urethra due to NF (Figure 4). Tissue and urine samples were conducted for microbiological and pathological assessment. Histological analysis indicated an inflammatory cell infiltrate rich in polymorphonuclear leukocytes on a necrotic fibrotic background. Extended-spectrum-β-lactamase-producing Escherichia coli was isolated from tissue and urine cultures. Following a successful two-week treatment with serial debridements, dressings, and parenteral antimicrobial therapy, the penile urethral defect was repaired. During the repair of the defect, tubularization of the left tunica vaginalis around an 18F foley urethral catheter resulted in the formation of a neo-urethra. After one month following urethroplasty, once the debridement site was ready for reconstruction surgery, the skin defect was repaired using an anterolateral femoral fasciocutaneous flap (Figure 5). After a two-year follow-up, a complication-free, successful, and satisfactory surgical outcome was obtained. A careful physical examination, appropriate imaging techniques, and a prompt, aggressive surgical intervention ensured successful treatment.

Patient informed consent was obtained to publish his information. The patient’s private information remained confidential with the researchers.
DISCUSSION

As a secondary complication to obstructive urethral stones, FG is a rare occurrence.\(^9\) Rapid diagnosis and treatment of urethral stones are crucial to prevent such catastrophic complications and their metabolic consequences. In the presence of findings indicating infravesical obstruction, such as suprapubic pain and globe vesicale, the possibility of urethral stones should be considered.

As known from the patient’s history, no additional comorbidities are present. In a comprehensive review, similarly, no predisposing factor for NF (such as immunosuppression, diabetes mellitus, HIV, etc.) could be identified etiologically in some patients.\(^2\) Although NF typically initiates in the scrotum, isolated occurrences such as penile NF, albeit rare, bear no particular significance either etiologically or in terms of treatment.\(^2\)\(^,\)\(^5\)\(^,\)\(^7\)\(^,\)\(^10\) Moreover, we did not pursue any additional treatment modality specific to this condition in our patient’s treatment. The patient, who reported acute-onset penile pain starting 5 days prior, exhibited the most severe necrosis in the penoscrotal tissues, primarily observed on the ventral aspect of the penis, leading us to consider the urethral stone as the likely origin of the current presentation.

We hypothesize that due to the patient’s lack of self-care and delay in seeking medical attention, the urethral stone rapidly led to infection and subsequent tissue ischemia, resulting in such a catastrophic scenario. That indicates that the presence of an underlying chronic disease is not mandatory for the development of a condition as severe as FG.

Considering the frequent occurrence of lower urinary tract symptoms, such as difficulty urinating, in similar age groups, it’s plausible that the urethral stone might have been overlooked until the patient presented to our facility.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and/or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.
REFERENCES


