

Commentary on: Loomis PW, Campbell HR. Fatal cervical necrotizing fasciitis (a report of two cases of confirmed odontogenic origin and one of possible odontogenic origin). *J Forensic Sci* 2001;46(4):959–61.

We read with interest the paper of Loomis and Campbell on “Fatal Cervical Necrotizing Fasciitis.” We want to make some comments regarding the risk factors related to age, site of disease, and the antecedents.

Brandt has found a mortality of 37% for patients over 50 years of age, 62% over 60 years and 100% over 70 years of age.

The site of the disease is important. At the lower limb the prognosis is worse with proximal lesions specially the hip. Heitmann had two deaths out of two cases on the hip, one of which was a 28-years-old healthy woman after liposuction.

The antecedents are important. After surgery (Roujeau, Frohlich) the mortality is 50–70% instead of an overall mortality of 20–40% if there is no previous operation. Mortality for patients with colostomy is 50% (Brandt).

Regarding the diagnosis, a non-invasive, easy-to-perform examination before surgical debridement is ultrasonography (Tsai). The findings are irregularity of the fascia, abnormal fluid collections along the fascia plane, diffuse thickening of the fascia when compared with the control site (Tsai, Parenti, Cardinal).

References

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