



## Image of the month

Necrotizing Fasciitis of the Axila<sup>☆</sup>

## Fascitis necrosante de la axila

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Fig. 1

A 65-year-old woman consulted with her primary care physician about a left axillary abscess that had been progressing during the previous week; treatment with macrolides was started. 48 h later, she was admitted to hospital in septic shock. CT showed cellulitis and fasciitis with involvement of the abdominal and chest wall muscles, left shoulder and arm, and areas of subcutaneous emphysema (Fig. 1). With a suspected diagnosis of necrotising fasciitis, we performed debridement of the left axilla and abdominal/thoracic walls. In the samples collected, methicillin-sensitive *Staphylococcus aureus* strains were observed. Antibiotic therapy was continued and negative-pressure wound therapy was applied until it was possible to cover the defect with a *Latissimus dorsi* myocutaneous flap.

Diagnosis: necrotising fasciitis caused by methicillin-sensitive *Staphylococcus aureus*.

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