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Medical Mystery: An Unusual Complication of Colonoscopy — The Answer

TO THE EDITOR: The medical mystery in the October 4 issue¹ involved a 69-year-old man with left inguinoscrotal erythema, swelling, and tenderness after colonoscopy, during which he had undergone polypectomy of a moderately dysplastic tubular adenoma of the sigmoid colon. A computed tomographic (CT) scan of the patient's pelvis revealed free air in the left hemiscrotum (Fig. 1A). Further CT images of the abdomen and pelvis revealed marked diverticular disease affecting the distal colon and widespread gas in the retroperitoneal tissues, spreading along the left renal fascia (Fig. 1B) and along the left psoas muscle down the left paracolic gutter, extending to the anterior abdominal wall and into the left hemiscrotum. A diagnosis of Fournier's gangrene secondary to retroperitoneal perforation of the colon during colonoscopy was made.

The patient underwent immediate exploratory laparotomy, during which necrosis of the left retroperitoneal tissues adjacent and caudal to the sigmoid colon was seen. No obvious site of colonic perforation was identified. A Hartmann's procedure was performed. At the end of this procedure, the erythema of the inguinoscrotal region that was present on physical examination at presentation had progressed to obvious gangrene of the scrotum and perineum (Fig. 1C), requiring repeated radical débridement. It is unclear whether the perforation occurred at a diverticulum or the site of the polypectomy.

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Editor's note: We received 740 responses to this medical mystery, from 63 countries. Sixty percent

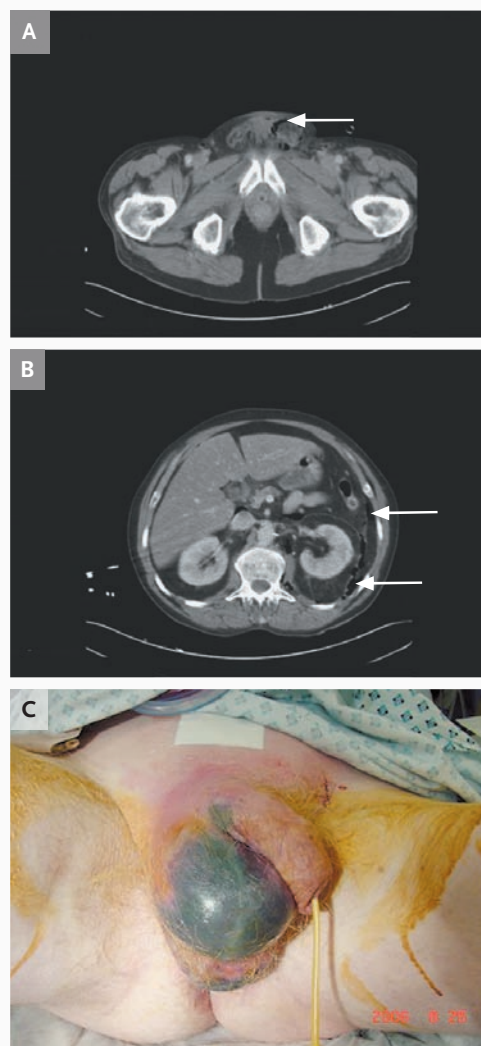


Figure 1. Fournier's Gangrene Associated with Retroperitoneal Perforation of the Colon.

An axial view of a CT scan of the patient's pelvis shows free air in the left hemiscrotum (Panel A, arrow). An axial view shows diverticular disease affecting the distal colon and widespread gas in the retroperitoneal tissues, spreading along the left renal fascia (Panel B, arrows) and extending into the left hemiscrotum, causing gangrene of the scrotum and perineum (Panel C).

of the respondents were practicing physicians, 20% were physicians in training, 13% were medical students, and 7% were other readers. This medical mystery generated a variety of responses, most of which reflected the different components leading to the diagnosis of Fournier's gangrene. Overall, 40% of the respondents diagnosed an underlying colonic perforation as a complication of the colonoscopy procedure; 10% correctly iden-

tified the presence of air in retroperitoneal tissues; 4% and 18% of respondents suggested the presence of abscess and hernia, respectively; and 8% of respondents specifically diagnosed Fournier's gangrene. The remaining respondents (20%) suggested various other diagnoses, including a neoplasm and hematomas.

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Case 27-2007: Intrauterine Fetal Death

TO THE EDITOR: The Case Record in the August 30 issue¹ describes a stillborn male infant who apparently died from group B streptococcal infection. However, the mother's history lacked an essential piece of information: whether she was or had been the victim of violence inflicted by an intimate partner. Intimate-partner violence is currently at epidemic proportions, and pregnant women are at particular risk. The American College of Obstetricians and Gynecologists estimates the prevalence of intimate-partner violence in women seeking prenatal care at 23%.² The patient described in the Case Record was an immigrant, and immigrants constitute a group at high risk for intimate-partner violence.³ Assaults are often directed at the pregnant woman's abdomen.⁴ Intimate-partner violence increases the risk of placental abruption and fetal death.^{5,6} In his discussion of the case, Gibbs refers to "four broad categories" of intrauterine fetal death, one of which is "unexplained." Despite the normal physical examination, the intrauterine fetal death in this case could well have been due to trauma and a subsequent abruption. Unless the patient is queried about intimate-partner violence, the cause of a stillbirth could be categorized as "unexplained" when it might better be categorized as "unasked."

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THE DISCUSSANT REPLIES: Chambliss emphasizes the possibility of intimate-partner violence as a cause of stillbirth if the violence leads to abruption. Although I noted that many stillbirths are "unexplained," abruption is recognized as a common cause.¹ In the case presented, there was no evidence of physical abuse, nor was there evidence of abruption, either clinically or pathologically. Nevertheless, I agree that patients with stillbirth — indeed, all pregnant women — should be asked about abuse.

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Compounded Colistimethate as Possible Cause of Fatal Acute Respiratory Distress Syndrome

TO THE EDITOR: We report a case of pharmacy compounding of the colistin prodrug colistimethate sodium that led to a fatal case of the acute

respiratory distress syndrome (ARDS). The patient was a 29-year-old woman with cystic fibrosis who had chronic airway infection with *Pseudomonas*