

中文題目：對稱性末梢壞疽：個案報告

英文題目：Symmetric Peripheral Gangrene: A Case Report

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**Background:** Symmetric peripheral gangrene (SPG) is a rare but dreadful complication of sepsis, which may lead to necrosis of four limbs and carries a high mortality rate. More than half of the patients with SPG who survive require amputation of the affected limb.

**Case Report:** A 59-year-old man with a medical history of hypertension and gallstones presented to the emergency department with fever, jaundice, and altered mental status for one day. Hypotension and acute respiratory failure developed soon after arrival. Physical examination revealed cyanosis of four limbs (from forearms to hands and from lower legs to feet), which progressed to gangrene within 3 days. A diagnosis of distal common bile duct (CBD) stones with obstructive jaundice and biliary tract infection, leading to septic shock, acute kidney injury, rhabdomyolysis, disseminated intravascular coagulation, peripheral gangrene, and acute respiratory failure, was made after a series of laboratory and imaging studies. Blood culture grew *Klebsiella Pneumoniae*. He was treated with strong antibiotics, vasopressors, dialysis, mechanical ventilation and endoscopic removal of the CBD stones. Amputation was refused by his family. His distal limbs became dry gangrene about 2 months later. After a prolonged intensive care, he made an improvement and tolerated T-piece trials. However, recurrent sepsis developed and he eventually died at 4-month after admission.

**Discussions:** SPG should be suspected at the first sign of marked coldness, pallor, cyanosis or pain in the extremity, as the condition can progress rapidly to acrocyanosis and, if not reversed, frank gangrene. The ischemic changes begin distally and may progress proximally to involve the entire extremity. These changes may be associated with intact distal pulses because the large vessels are often spared. Amputation of the gangrenous area may be inevitable, but it is rarely required urgently. An initial nonsurgical approach allows time for the patient's condition to stabilize and the gangrene to become demarcated.