



Therapy of hospitalized schizophrenic patient with Fournier Syndrome: Experience report

Terapêutica de paciente esquizofrênico hospitalizado com Síndrome de Fournier: Relato de experiência

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1 INTRODUCTION

Fournier's syndrome is described as a necrotizing fasciitis, localized in the perineum and abdominal wall, which originates in the region of the scrotum and penis in men, in the region of the vulva and groin in women. This syndrome is an aggravation of a condition caused by Gram-positive, Gram-negative or anaerobic bacteria, which can progress to death. The infectious process can evolve to a more serious condition if there is no adequate treatment, and may affect other regions of the body such as the abdomen, lower and upper limbs and retroperitoneum, which are some of the possible areas of involvement. Patients affected by Fournier Syndrome present a clinical picture characterized by: acute pain, edema and erythema in the scrotal region and systemic signs such as: sweating, fever and tachycardia. In most cases on physical



examination, areas with necrosis, edema and drainage of purulent secretion are identified. Thus, the combination of factors, clinical history and physical examination compatible are enough to suspect Fournier's syndrome as the first diagnostic hypothesis. The treatment of Fournier's Gangrene requires a multidisciplinary team, varying according to the needs of each case, most cases of Fournier's gangrene present as a surgical emergency, therefore, medical treatment must be immediate in order to maintain the patient's hemodynamic stabilization, so that broad-spectrum antibiotics and surgical treatment are administered. For this reason, the importance of the assistance provided by the teacher and the students was what motivated the realization of this experience report, which aimed to contribute to the provision of qualified and safe care to the client who was hospitalized due to Fournier Syndrome. With this, the objective of the present study was to describe experiences of care and nursing actions in the management of a 57-year-old patient with injuries caused by Fournier's gangrene.

2 METHODOLOGY

This is a descriptive study, of the experience report type, based on the experience of the undergraduate students in Nursing at the State University of Montes Claros (UNIMONTES), during the extracurricular activities proposed by the Norte Mineira Academic League of Skin Injuries (LANMILEC) supervised by the professor on the premises of the Clemente De Farias University Hospital from September to November 2022.

3 RESULTS AND DISCUSSION

Male client, schizophrenic, with type I Diabetes Mellitus, admitted to a health institution in September 2022 for drainage of perianal abscess due to Fournier's syndrome. During the client's hospitalization, the students were able to develop a care plan according to the evolution of the patient's injury and monitor the performance of the dressing change, as well as the appropriate technique and the types of coverage used. It was also possible to measure vital signs and conduct health education in which it promoted guidance on care and hygiene to be performed at home in order to avoid infection. To support the care, the Nursing Process (NP) was used, which allowed the survey of three nursing diagnoses: impaired skin integrity, risk of infection and lack of family support, taking into account that the patient was alone during hospitalization and had no support network. With this, nursing interventions were elaborated based on the identified diagnoses, namely: evaluate and record signs and symptoms of infection, change dressing and apply coverage according to the characteristics of the lesion, finally, encourage the presence of family members with the individual in this process of treatment of the disease.

As a form of prevention, the change of decubitus was oriented every 2 hours, to prevent pressure injuries by shear, promote and moisturize the skin with hypoallergenic moisturizer, all over the body except



between the fingers, every 12 hours. The dressing techniques made by the academics and nurse (a) were efficient and the scrotal repair was satisfactory, the injured area showed marked improvement with partial closure of stores and absence of areas of visible necrosis in which it allowed complete surgical closure. Fournier's gangrene is a polymicrobial disease, with aerobic and/or anaerobic bacteria, among which *Escherichia coli* is the most prevalent. The predominant sex is male and among the main comorbidity found is Diabetes Mellitus. Because it is a rare pathology with a high morbidity and mortality rate if not treated in a timely manner, it can lead to organ failure or even death. Thus, nursing should favor its specific and proper actions with the patient and act as a partner with other professionals to ensure quality care for patients affected by this syndrome. It is also important to emphasize that all the contribution brought by this experience report encourages nurses to improve, on a daily basis, their theoretical knowledge about this pathology, as well as their practical skills in the face of the care provided. Despite the technical-scientific knowledge about nursing care for critically ill patients, there are not many studies related to nursing care for patients with FS, which is a medical diagnosis syndrome, with surgical and drug treatment, for the most part. Thus, this report serves as an incentive for the emergence of new studies on the proposed subject.

4 CONCLUSION/FINAL CONSIDERATIONS

Finally, the present experience allowed the academics to conclude that, therapeutic measures, such as rapid intervention, knowledge and technique on the types of coverage and broad-spectrum antibiotic therapy in conjunction with a multidisciplinary approach are quite effective in controlling the disease, allowing the restoration of the patient, reduction in hospitalization time and costs spent with the patient with the syndrome, consequently, contributes to a decrease in mortality rates. The need for daily monitoring of evolution is perceived, for prevention and early interventions, which is crucial for the best choice of conduct and a good prospect of improving the case, in this sense, the nurse is a health professional qualified for care, which further reinforces the need for his care to be constantly based on the best scientific evidence on this syndrome.



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