

EP-194

단일 부위에 반복적인 인슐린 주사로 인해 발생한 복부의 광범위 괴사성 근막염 증례



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Purpose: Injection-related complications are relatively common in patients; however, extensive necrosis of skin and soft tissue is rare. In this case, we report a severe skin and soft tissue necrosis caused by repeated insulin injections confined to a single abdominal site.

Methods: A 66-year-old female with diabetes mellitus presented with erythema and pain at the insulin injection site that had developed one day prior to admission. The patient had been administering insulin injections only to the left upper abdomen, despite knowing the importance of rotating sites. On presentation, extensive skin and soft tissue necrosis was observed, extending from the left upper abdomen to the left flank, thigh, and pubic area (Fig. 1). Surgical debridement revealed necrotizing fasciitis and was repeated until the wound bed became clear. (Fig. 2). Negative pressure wound therapy (NPWT) was then applied for approximately one month to promote granulation tissue formation. (Fig. 3). Subsequently, the defect was covered with a split-thickness skin graft (Fig. 4).

Results: Surgical debridement and NPWT resulted in granulation tissue formation. Definitive coverage with STSG achieved satisfactory wound closure.

Conclusion: This case highlights that extensive necrosis can occur even with commonly used medications when proper injection techniques are not followed. Early recognition and aggressive surgical management, including debridement and NPWT, are crucial for optimal outcomes.



Fig 1. Preoperative gross photography

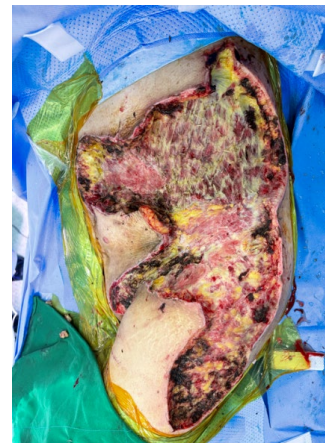


Fig 2. Intraoperative gross photography (Debridement)



Fig 3. Post-vacuum assisted therapy photography



Fig 4. Postoperative gross photography (STSG)