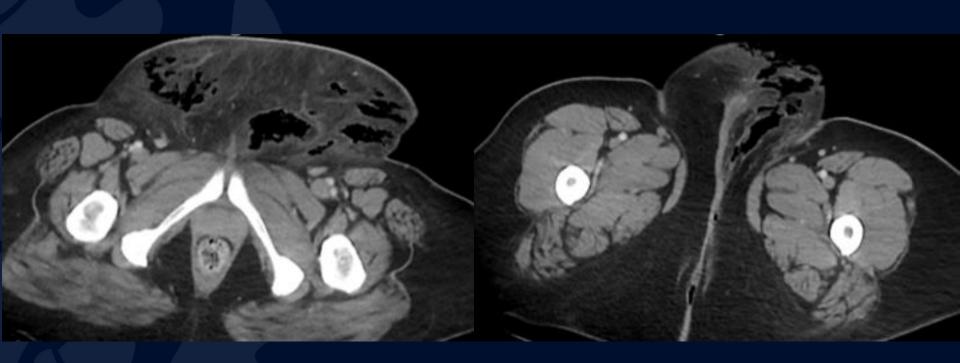
# 51-year-old female with recurrent Bartholin gland cysts presenting with 8 days of vulvar pain

Maitreyee Kale, MS3

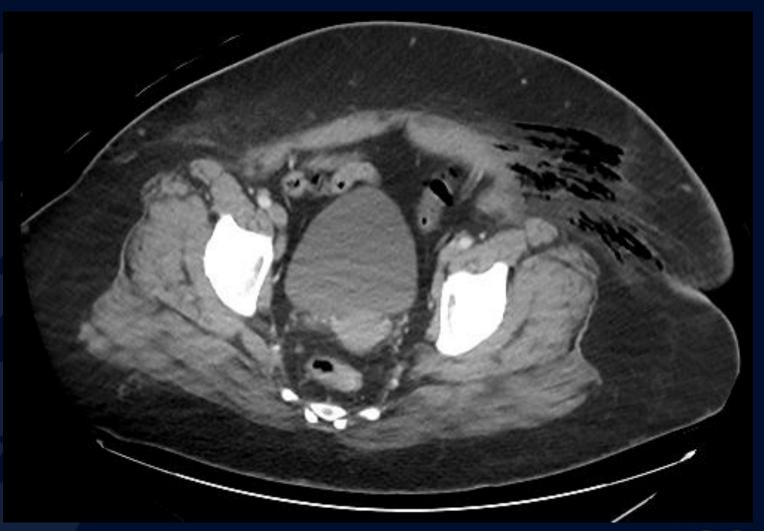


### **Axial Contrast CT**



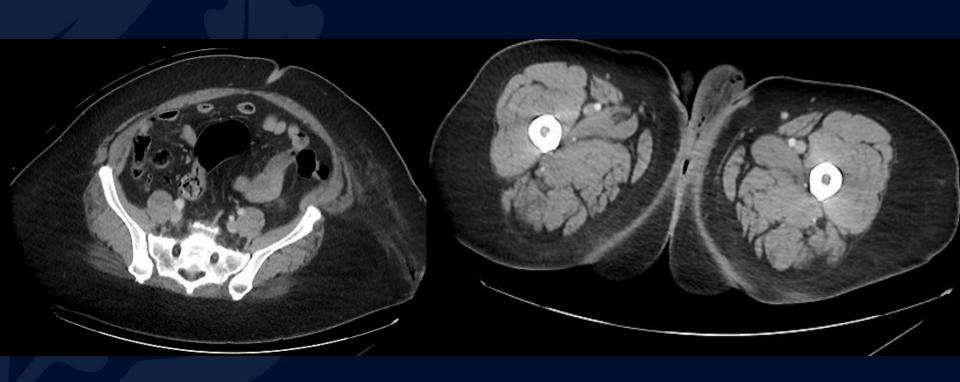


## CT Contrast





#### **Axial Contrast CT**





#### Coronal Contrast CT



Anterior

Posterior



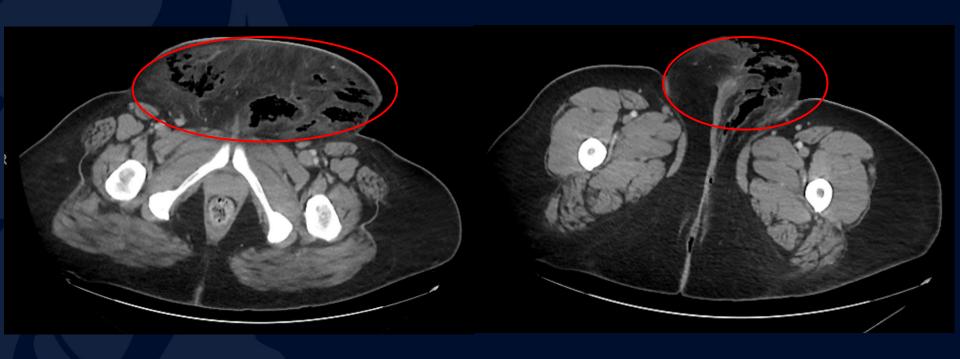




## Necrotizing Fasciitis



## Axial Contrast CT



Subcutaneous gas and fat stranding

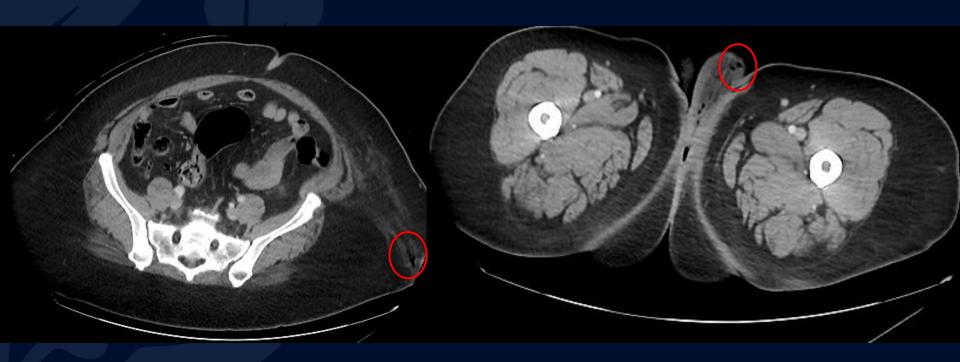


## Features (cont.)

**Patient Normal** Clear fascial borders Fascial thickening = edges are hazy/not well defined



## CT Contrast

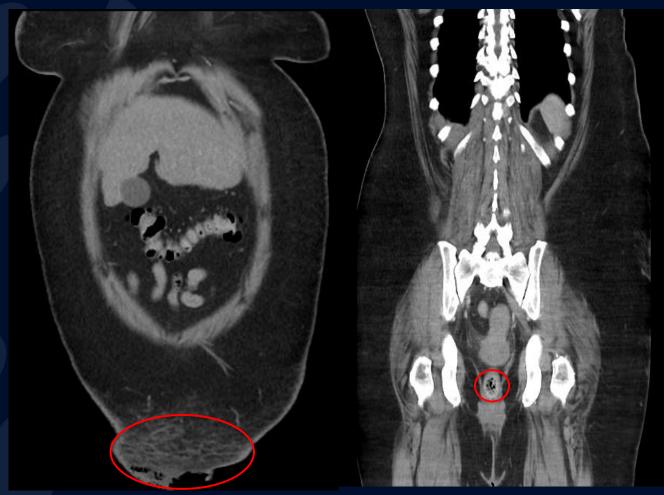


Most superior area of emphysema at sacral level

Most inferior area of emphysema at labia



#### **CT Coronal Contrast**



Anterior

Posterior

Most anterior and posterior areas of emphysema and fat stranding



## Necrotizing Fasciitis

- Pathophysiology: bacteria enters skin through break in the barrier, such as a cut -> bacteria spread deep into tissues and through fascial planes -> vascular occlusion and thrombosis leads to ischemia -> necrotic tissue
- Clinical presentation
  - Initial stages present similar to cellulitis
  - Patient's pain may seem "out of proportion" to symptoms
  - Late-stage infection presents with fever, tachycardia, and sepsis
  - May palpate crepitus in area of infection due to subcutaneous emphysema
- Treatment
  - Antibiotics and surgical debridement



## Imaging Findings

- MRI is the gold-standard with 93% sensitivity
- CT
  - Most specific finding: presence of emphysema in the tissue
  - Other findings: fat stranding, fascial thickening, and fluid collections along fascial planes
  - Less specific findings: increased soft-tissue attenuation and edema
- Radiograph findings
  - Soft-tissue thickness and opacity and in late stages, subcutaneous gas
- Ultrasound may not always show changes early in infection
  - Findings: subcutaneous emphysema along the fascia, edema, and hyperechoic fat tissue

RADIOLOGY

#### References

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