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ABSTRACT:

Necrotizing Fasciitis (NF) is a rare rigorous form of soft tissue infection (STI) that primarily involves the superficial fascia. The term NF was first used by Wilson in 1952. The incidence of NF recorded as 4.3 infections per 100000 of the population in the United States. NF commonly occurs in a male with a male: female ratio of 3:1. The frequently affected parts are the extremities, perineum, and the trunk. Diabetes mellitus is one of the common co-morbidities that can contribute to NF. The aetiology of NF is still silent, and in several cases, an identifiable factor was not explored. Early detection is challenging, as the infection is often clinically impossible to differentiate from cellulitis and other STIs in its development. Laboratory risk indicator for necrotizing fasciitis (LRINEC) recommended by Wong et al. will be employed to assess the risk of NF and also used to estimate the worsening of the infection. Management care of NF should be composed of instant resuscitation, early surgical debridement or surgical interventions and administration of broad-spectrum intravenous antimicrobials. Healthcare professionals should try to differentiate NF from other infections and should start with initial treatments to avoid the progression and complications of the condition.

Keywords: Necrotizing Fasciitis; Soft Tissue infection; Antimicrobials; Laboratory Risk Indicators

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