

POSTOPERATIVE NECROTIZING MYONECROSIS CAUSED BY CLOSTRIDIUM SORDELLII: A RARE CASE REPORT

González-Valverde FM, Medina E, Rodriguez JM, Hurtado AM, Del Valle SR.
Hospital General Universitario Reina Sofia – Region of Murcia (Spain)

AIM

To describe a rare case of *Clostridium sordellii* (*C. sordellii*) myonecrosis following abdominal wall surgery, with emphasis on clinical presentation, diagnostic challenges, and treatment strategies.

MATERIAL & METHODS

A 45-year-old male underwent adhesiolysis for congenital small bowel adhesions. Postoperatively, he developed fever (38.4°C), abdominal pain, and a malodorous wound with purulent exudate. Laboratory findings included leukocytosis (23.1 x10³/μL, 92% neutrophils), elevated CRP (212 mg/L), and procalcitonin (16 μg/L). Empirical antibiotics (Amoxicillin/clavulanic acid) failed, necessitating surgical re-exploration. Necrotizing infection was identified, and wound cultures tested positive for *Escherichia coli* and *C. sordellii*. Intravenous Piperacillin/Tazobactam plus Clindamycin was initiated, yielding significant clinical improvement.

RESULTS

Timely surgical debridement combined with targeted antibiotics led to complete recovery. No systemic toxicity or toxic shock syndrome developed. At six-month follow-up, the patient was asymptomatic, with no signs of recurrence.

CONCLUSIONS

C. sordellii, a rare anaerobic pathogen, can cause severe postoperative infections, including necrotizing myonecrosis. Prompt recognition and aggressive treatment, including surgical debridement and broad-spectrum antibiotics, are crucial for favorable outcomes. The rarity of *C. sordellii* infections, particularly outside gynecological contexts, highlights the need for heightened awareness in atypical cases. Early inclusion of anti-anaerobic coverage in empirical regimens for high-risk patients may improve prognosis. This case underscores the importance of rapid source control and multidisciplinary management in rare but life-threatening clostridial infections.

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Distended small bowel loops, consistent with intestinal obstruction.



Abdominal CT shows small bowel obstruction without evidence of bowel wall pneumatosis or pneumoperitoneum.

