

Candidemia due to Necrotizing fasciitis associated Artificial urinary sphincter

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Background: Implantation of artificial urinary sphincter (AUS) has become a standard therapy for urinary incontinence after radical prostatectomy and prostatic radiotherapy. Infection is one of the major complications after AUS implantation ranging from 2% to 20%. Etiology of AUS infection has not been clearly identified. Herein, we report a case of 81-year-old male patient diagnosed with candidemia due to necrotizing fasciitis associated with AUS.

Case presentation: The patient visited our hospital complaining of scrotal swelling, pain and urinary retention persisting for 5 days. The patient had uncontrolled diabetes mellitus, history of radical prostatectomy and adjuvant radiation therapy 8 years ago. He had AUS implantation due to urinary incontinence 1 month ago. Physical examination showed signs of tenderness, swelling, erythema in lower pelvis and inguinal area. Biochemical tests showed BUN 79.8 mg/dL, creatinine 7.42 mg/dL, CRP 15.66 mg/dL. On admission, cystostomy was done. Abdominal computed tomography (CT) showed air foci and fluid collections along AUS insertion site. Urine culture, blood culture revealed *Candida albicans* and patient received intravenous fluconazole according to culture results. However, the pelvic and inguinal area lesions did not improve and the patient underwent AUS removal along with incision and drainage of the necrotic tissue. After 63 days of antifungal agents he was fully recovered.

Conclusion: Our case highlights that severe form of infection such as necrotizing fasciitis can be observed in AUS associated infections and should not be overlooked. In addition, fungal infection such as *Candida albicans* should be considered as a rare cause of AUS associated infection especially in immunocompromised patients such as uncontrolled diabetes.

