

60-Year-Old Male with Foot Gangrene in Bleeding in Toes: A Case Report

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Abstract

Introduction: Gangrene is a term used to describe dead or dying body tissue that occurs when the tissue's local blood supply is lost or insufficient to keep it alive. Since ancient times, gangrene has been recognized as a localized area of tissue death. The term gangrene was coined by the Greeks to describe the putrefaction (death) of tissue. Although many people think of gangrene as a disease that affects the feet, it is a disease that affects the whole body.

Clinical Finding: Following a physical examination and investigation, a case of foot gangrene with bleeding in the toes was found, and the patient was treated with antibiotics and analgesics to relieve the discomfort. Fever is treated with an antipyretic medication.

Therapeutic intervention: Present case to medical management with a case of foot gangrene in bleeding in toes, antipyretics give such Tab. Paracetamol 500 mg BD, Tramadol.5mg in 100 ml NSBD, Penicillin 250 mg BD, Inj. Pan 40mg OD.

Nursing Perspectives: Administered fluid replacement i.e., DNS and NS. Monitor the Vital signs and check the B.P hourly. Maintain the intake and output chart and provide adequate rest and sleep to the patient. Administer medication as per the doctor ordered.

Conclusion: The patient was admitted to A.V.B.R. Hospital with a Chief complaint of fever, weight loss, bleeding in toes, pain in toes, irritability, insomnia. a patient takes all treatment with proper medication.

Key words: Auto amputation • Dry gangrene • Immune system

Introduction

Dry, wet, or gaseous gangrene can all be characterized. In dry gangrene, the necrotic and normal tissues are distinguished by a distinct demarcation line. There is a clearly defined dead area with little or no discharge or pus when the cause of the gangrene is in the blood vessels (e.g., in peripheral vascular disease and polycythaemia). Wet gangrene is a type of gangrene that develops as a result of infection or damage [1-3].

Gangrene is a term used to describe dead or dying body tissue that occurs when the tissue's local blood supply is either cut off or insufficient to keep it alive. Since ancient times, gangrene has been recognized as a localized area of tissue death. Putrefaction (death) of tissue was referred to as gangrene by the Greeks. Although many people identify gangrene with a bacterial illness, the medical definition of the term includes any cause of tissue death due to a disruption in the blood supply. As a result, a person can be diagnosed with gangrene without necessarily being "infected." There are two types of gangrene: diabetic and non-diabetic [1-3].

Dry gangrene is a type of gangrene that occurs when Mummification is a term used to describe dry gangrene. It develops more slowly than wet gangrene and is most often linked to chronic illness, such as diabetes. The skin becomes dry, shrivelled, and dark in color, ranging from brown to purplish-blue, with a chilly or icy sensation to the touch [4-6].

If not treated promptly, gangrene can lead to serious problems. Bacteria can quickly spread to various tissues and organs. To save your life, you

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may need to have a body part amputated. Scarring or the necessity for reconstructive surgery may result from the removal of infected tissue [7-9].

In the early stages of gangrene, intravenous antibiotics and debridement are usually enough to cure it. Gangrene can progress to a deadly infection if left untreated. Gas gangrene spreads swiftly, and infection in the bloodstream is associated with a high mortality rate [10].

Globally, gangrene causes an increase in morbidity and mortality. It has spread widely among people of various ethnic groups. Gangrene affects 0-5 percent of the population in India, according to one study. The majority of ill people are between the ages of 20 and 40 [11].

Patient information

A 60-year-old male was admitted to AVBRH, on dated 03/07/21 with the chief complaint of fever, weight loss, bleeding in toes, pain in toes, irritability, insomnia, and after physical examination doctor diagnosed that case of foot gangrene in bleeding in toes. The patient and her family members have no abnormal genetic disorders or a history of genetic predisposition. Agriculture is the patient's occupation, and he is departing in a remote area of the country.

The primary concern and symptoms of the patient: Present case visit/deposit in AVBR hospital in OPD based on a date with complain fever, weight loss, bleeding in toes, pain in toes, irritability, insomnia.

Medical family and psycho-socio history: Patient suffering from foot in gangrene at 1 month. The present case belongs to the nuclear family, in his family belongs to the middle-class family. He was mentally stable, his orientated to date, time, and place and he maintain a good relationship with family members.

Relevant past intervention with outcomes: History of foot gangrene since at the birth back for which he was hospitalized for 20 days after the investigation was observed he took treatment for that and his outcome was not good.

Physical examination

The glass coma scale score is 15 that is normal and the patient is fully conscious. The Patient general appearance is not good, he was

undernourished, the patient not active very dull nature, and not mentioned hygiene and personal grooming patient mental status is normal they oriented to time, place, person, and attainable, but slight behavior changes occur due to the hospitalization and diagnostic procedure.

The was awake and aware of the time, date, and location. He was average, and he kept himself clean. Temperature is 99°F, the pulse of 100 beats per minute, blood pressure 110 /70 mmHg on physical examination 24 breaths per minute no rash or active bleeding was present. Other general systemic examinations no abnormalities. In the chest, symmetrical no any lesion is present, no axillary lymph node enlargement, S1, and S2 sound are heard pleural effusion absent, In the abdomen, no scarring present on abdomen, spleen or liver, not enlargement, bowel sound present, no fluid collection present, Extremities upper and lower extremities are properly moving.

Clinical finding

It is critical to diagnose the kind and extent of gangrene before beginning any treatment. The documentation of the patient's history, physical examination, blood tests, and other investigations are used to diagnose gangrene. The diagnosis requires information on chronic disorders, surgeries, smoking, and exposure to extremely cold temperatures. To confirm the diagnosis of gangrene, a variety of tests and examinations can be performed. The following are some of them:

Blood investigation

- WBC count 5000 cells per mm³ RBC 20000- 40000cells/mcL, IgM and IgG test: positive, platelet count 12000cells/mm³.
- Infection is detected through a physical examination of the affected body area and blood tests.
- To identify the microorganisms that caused the infection, drain samples or tissue cultures are taken.
- To establish the spread of gangrene and the extent of tissue destruction, imaging techniques such as X-rays, magnetic resonance imaging, and computed tomography are used.
- The presence of obstructions in blood arteries can also be detected using these scans.

Timeline: Patients were visited in AVBRH Hospital on OPD base with chief complaint fever, weight loss, bleeding in toes, pain in toes, irritability, insomnia.

Therapeutic interventions

The present case took the medical management with fever antipyretics giving such Tab. Paracetamol 500 mg BD, Tramodal 1.5 mg in 100 ml NS BD, penicillin 250 mg BD, Inj. pan 40 mg OD. He took all treatment and the outcomes were good. His sign symptoms were reduced; he was able to do his activities. No change in therapeutic interventions.

Important follow up diagnostic and other test results: The patient was taking medication as per the doctor's order such as paracetamol to reduce the fever. And also, patient condition was good with the medical treatment. Now patient symptoms have been reducing and he had in better condition.

Nursing management: Assess the patient conditions and find out which type of foot gangrene. give medication and care provided to the patient daily check-up the vital sign before after medication. A healthy diet gives to the patient and maintains personal hygiene. daily dressing change to the patient. Explain the side effects of medication. Observed any side effects of foot gangrene. Provide health education to the patient.

Dietary management: Adults' fundamental nutrient requirements vary depending on their health and disease status. Based on the American Society for Parenteral and Enteral Nutrition Recommendations Board, these requirements will be briefly examined from a carbon, carbohydrate, fat, protein, fluid, electrolyte, vitamin, and trace element standpoint. Clinical Guidelines Taskforce and Board of Directors Macronutrients (energy, protein, and fat) are required. micronutrients and lipids) (vitamins, minerals).

Prevention

Among the measures that can be taken to help persons who are at risk of gangrene lower their risk include: Daily, check your feet for wounds, sores, redness, swelling, skin breaks, or discharge. Having a medical foot examination once a year and avoiding home-based treatments for corns, calluses, and ingrowing toe nails, employ chemical preparations. Washing wounds with mild soap and warm water, making sure to clean between the toes, and keeping them clean and dry will help avoid infection.

Health care provides: Gangrene is a life-threatening condition. The prognosis for gangrene is determined by the location and extent of the affected area, as well as any underlying medical issues you may have. Because gangrene can be fatal, it's critical to get medical help very away.

Habit and foot care: Diabetics are at an increased risk of having foot issues. Foot issues are made possible by wearing tight shoes, walking barefoot, and having poor diabetes control. As a result, adequate foot care and management of everyday habits are essential.

Discussion

This is a scientific assessment of the case report's strengths and shortcomings. Amputation at the knee level was planned in this case. As a result, the recovery of gangrene and, as a result, the preservation of the through homeopathic therapy is impressive. Sepia was suggested by her circulatory stasis as well as her indifference toward her husband. It should also be highlighted that Sepia is one of the most common cures for chilly extremities and foot ulcers [12]. Due to a change like the discharge, the cure was changed to. Later, she began to become thermally heated, and her blood sugar began to rise. At 11 a.m., she also showed signs of ravenous hunger. Sulphur was administered during this time. One remedy is administered to the patient at a time in classical Homoeopathy, and the rules dictate that when one medicine stops working (as evidenced by a change in symptoms or worsening of the previously improved state), it is time to reassess and provide the next prescribed remedy. This will bring the action started by the previous cure to a close [13-15].

Septic shock is also linked to a high lactate level. According to one study, extremely high serum lactate levels can be identified soon before the onset of SPG. 4 on the same day that vasopressors were started, our patient's lactate was dramatically high, and it stayed elevated for the next three days [16-18].

Conclusion

The patient was admitted to A.V.B.R. Hospital with a Chief complaint of fever, weight loss, bleeding in toes, pain in toes, irritability, and insomnia. A patient takes all treatment with proper medication.

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