Definition: A variant of necrotizing soft tissue infection that involves the scrotum and penis or vulva.

Isolation Requirement
- Contact isolation AND droplet precautions is required for 24 hours after the first dose of broad spectrum antibiotics. After 24 hours of contact and droplet precautions, both can be discontinued as long as the patient does not grow a pathogen that requires isolation per VUMC guidelines.

Antimicrobial Therapy

Empiric Therapy
- Preferred Regimen:
  - Linezolid (+)
  - Piperacillin/Tazobactam*
- OR
  - Severe Penicillin Allergy:
    - Linezolid (+)
    - Meropenem or Cefepime/metronidazole

Narrow Therapy
- Streptococcus Pyogenes (Group A Strep)
- Clostridium species
- Staph Aureus
- Polymicrobial without Pseudomonas or Staph Aureus

Definitive Therapy
- Penicillin G** (unless severe allergy)
- MSSA: Cefazolin
- MRSA: Vancomycin
- Ampicillin/Sulbactam or Ceftriaxone (+) metronidazole

*Consider Cefepime/metronidazole as an alternative option
**Continue linezolid if exhibiting signs of toxic shock

Labs/Cultures
- Peripheral blood cultures x 2 on presentation
- Operative tissue cultures
- Daily CBC
- Hemoglobin A1c

Infectious Disease Consult
The infectious disease service should be consulted for any of the following criteria
- Multidrug resistant pathogens
- Debridement with osteoarticular involvement (bone or exposed bone)
• Consult required per VUMC policy (e.g. Staph aureus, enterococcus bacteremia)

**Antibiotic Duration**
Systemic antibiotics in soft tissue infections should be continued until the following criteria are met:
1. Source control has been obtained
2. Patient is hemodynamically stable
3. Fever has been absent for 48 hours
4. White blood cell count has improved

**Glucose Management**

**Blood Glucose Target**
- 110-150 mg/dL

**Insulin Therapy**
- Initiate insulin therapy if blood glucose is $\geq 150$ mg/dL or the patient has diabetes
- Consider initiating an insulin infusion for $\geq 2$ blood glucose > 200 mg/dl (requires admission to an ICU)

**Endocrinology Consult**
- Consider consulting endocrinology/glucose management service for the following
  1. Hemoglobin A1c > 6.5 to assist with inpatient control and outpatient follow-up
  2. Transitioning off the insulin infusion

**IVIG**
IVIG may be considered in a patient with group A *streptococcus* infection if ALL of following criteria are met:
1. Culture confirmed group A *streptococcus* infection
2. Shock without clinical improvement after debridement
3. Diagnosis within the past 48 hours

IVIG Dosing: 1 g/kg (ideal body weight) x 1 dose, then 0.5 g/kg (ideal body weight) q24h x 2 doses

**Dosing Guidance**
Please refer the the VUMC approved antimicrobial dosing guidelines: [https://www.vum.org/antimicrobial-stewardship-program/sites/default/files/public_files/VUAH%20Antimicrobial%20Dosing%20Recommendations%208.16.23.pdf](https://www.vum.org/antimicrobial-stewardship-program/sites/default/files/public_files/VUAH%20Antimicrobial%20Dosing%20Recommendations%208.16.23.pdf)

**References**

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