

## Severe Necrosis of lower extremity after Aesthetic Liposuction

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### Clinical Image

A 54-year-old female patient presented to our clinic with marked skin and soft tissue necrosis on both legs. This condition had been existing for two weeks. Initially, the patient showed redness, swelling, hyperthermia and blistering of the lower legs without fever. Due to elevated markers of infection in the blood and the microbiological evidence of wound colonisation with *Enterobacter cloacae* complex, an antibiotic therapy with intravenous administration of ceftriaxone was initiated. After demarcation of the skin and soft tissue defect under conservative wound therapy, full thickness necrosis manifested hemicircularly on both lower leg flexion sides (figure A). Radical surgical debridement with excision of the entire necrotic tissue and multiple vacuum-assisted closure dressings for wound conditioning were performed, followed by final defect coverage using split skin grafting (figure B). Upon stable graft take, the patient was discharged in good health after four weeks of hospitalisation.

The patient's medical history revealed an aesthetic liposuction, which she had undergone two weeks earlier in a private clinic in Spain. The differential diagnosis of deep leg vein thrombosis or ischaemic damage due to subcutaneous haematoma formation was excluded by colour duplex sonography. Based on the characteristic clinical picture, we assumed an internal thermal tissue damage resulting from excessive ultrasound energy application during ultrasound-assisted liposuction. The histopathological samples taken during debridement showed coagulation necrosis and inflammatory tissue reactions as histological correlates of the distinct thermal tissue defect.

In view of growing popularity of aesthetic surgery, awareness of severe complications is becoming increasingly important. Iatrogenic damage in the course of common aesthetic surgery can necessitate prolonged therapy and lead to permanent damage in medically healthy patients.



Severe complication of lower extremity necrosis after aesthetic liposuction. (A) Full thickness necrosis of both lower leg flexion sides in complete demarcation four weeks after ultrasound-assisted liposuction. (B) Successful wound closure after surgical debridement, wound conditioning and split skin grafting.

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