Final Project pt. 3

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Necrotizing fasciitis is an incredible phenomenon, easily identifiable when progressed, while also often escaping initial diagnosis by inexperienced medical personnel. Initially, this disease resembles many benign and acute injuries, the gentle darkening of skin mistaken often as bruising or general inflammation. This level of subtlety renders many visual techniques null, as an individual would need intrusive testing to ensure a complete diagnosis. Biopsy, blood testing, and digital imaging are the primary techniques required to diagnose this disease, as any of these perspectives would enable the medical professional to glean valuable information from tissue samples that contain the bacterium (CDC, 2025).

Originally, I found this disease interesting given how it had been addressed for thousands of years. Besides specialized alchemical processes, the most direct format to destroy the bacterial infection was amputation, in which, much like Tuberculosis, the culture that formed around this medical application was heavily based on hospice proceedings. The development of this specific approach to medicine is based more upon quarantine than actual treatment, where the presentation of a cure was based upon the utilization of placebo. In the case of Tuberculosis, the placebo was the idea that your prescription of fresh mountain air would cure the deadly degradation of your lung capacity (Sherman, 2007). With Necrotizing Fasciitis, the placebo was the idea that your survival through the removal of infected flesh was both necessary and lucky. Catching an illness early, especially in the early days of medicine, usually meant a better chance of survival. With more deadly infections, this attitude meant that these individuals were immediately charged with the dire discretion around your autonomy (Sarani et al., 2009).

Nowadays, these infections are not only treatable, but survivable. Albeit there remains a sense of urgency in the diagnosis, as the infection remains one of the most deadly and expedited forms of necrotization. However, with an experienced medical team, a heavy regime of

antibiotics will address any early cases of this illness. Unfortunately, with a delayed diagnosis, these antibiotics will not penetrate the areas needed to resist the infection (CDC, 2025). This usually means, regardless of the standards of medicine available, that this team of medical professionals will need to still enact surgery to remove the infected flesh. In serious cases, this could even mean needing blood transfusions to ensure patient survival (CDC, 2025).

There is the question, what would happen if this treatment were not initiated at all? Luckily for us, this has been a trend for many thousands of years, where cultures encountered this sickness too late, and either refused treatment or left the patient in a forced quarantine. The results left imprints in human mythos, horrific stories of rotting flesh, jellified organs being vomited out in a matter of days, and individuals left to wander as “living” zombies. Regardless of the mythos, and any skepticism, there are many facts governing the long-term effects of this sickness. According to the CDC (2025), Health conditions like cancer, cirrhosis of the liver, diabetes, and kidney disease represent compounding comorbidity with this disease. This is worsened by basic complications from a lack of treatment, such as organ failure, sepsis, and toxic shock as the body attempts to process the heavy bacterial infection. Generalized results from bacterial infection would be observable as pus and black spots on the skin, oozing open wounds, and internal hemorrhaging through ulcer and generalized inflammation (p. 1-2).

Given the severity of infection, treatments for any incidence that is not recognized initially center primarily around intrusive surgery, chemical treatment, and amputation of the infected limb. The reality of effective treatment centers primarily around early detection, much like how cancer treatment hinges directly on the proactivity of the patient in self-reporting. Unfortunately, this means that the subtlety of the initial symptoms may escape both inexperienced medical professionals, and the untrained eye. Appearances of slight bruising, an infected surface wound,

or even generalized inflammation impacts diagnosis (CDC, 2025). However, if an individual can identify this disease early, there is a non-intrusive treatment that enables successful recovery. Antibiotics, an early intervention tool, utilizes an IV to integrate medicine directly into the affected tissue. However, if Necrotizing Fasciitis has reduced blood flow, or necrotized enough tissue, this treatment will not be effective. According to the CDC (2025), if early detection was not possible, tissue and fluid replacement is a common treatment, albeit within the category of intrusive intervention (p. 3). This may include blood transfusion, removal of afflicted flesh for replacement with skin grafts, or even amputation with the intention of replacing the limb with a prosthetic.

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