

Medical treatment

- Anti coagulants maybe considered if microthrombi is the major feature
- Other treatment modalities
- Sympathetic blockade – ganglion blocker, Trimethaphan
- Intravenous sodium nitroprusside ,topical nitroglycerine, intravenous prostaglandins(epoprostenol)
- Alpha blocker – Phentolamine , chlopromazine
- Parenteral antibiotics
- Interdigital padding and protection from trauma may also decrease tissue injury.

PROGNOSIS

- Symmetric Peripheral gangrene causes a high mortality rate frequently requiring multiple limb amputations in survivors.
- Mortality is estimated to be up to 40%.
- Leukopenia may be a poor prognostic factor

METHOD: Retrospective Study of children diagnosed with PF Between January 1996 and 2004. 23 cases, 7 excluded leaving 16

RESULT: 16 subjects; 7 males and 9 females ranging in age from 3.5 months to 12 years (median age, 2 years)

13 of the 16 children (81%) were ≤ 4 years of age. The remaining 3 patients were 9, 10, and 12 years of age

Among the 13 infants and small children, 7 (43%) had infection, 2 had CHD, and 1 infant and 3 children had different miscellaneous disorders

METHOD: Prospective, observational study of consecutive patients presented at or referred to the Dermatology Department of a tertiary-care hospital during 2001 to 2008

RESULT: 14 patients (5 males, 9 females; mean age: 43.36 years) with SPG were seen during the study period

- All had clinical and laboratory evidence of DIC in association with a shock syndrome.
- Associated purpura fulminans was noted in 11 patients.
- In 12 patients, the cause of SPG was infective, *Pneumococcus* (commonest)
- 2 patients developed DIC and SPG postoperatively

- **TITLE:** PERIPHERAL GANGRENE IN NONFATAL PEDIATRIC CEREBRAL MALARIA: A REPORT OF TWO CASES
- **AUTHOR:** Pibul Chittichai, Nitipatana Chierakul I and Timothy W Davis
- **CASES:** Both were young Thai girls from the same rural area who presented with cerebral malaria during the rainy season months of 1989
- Both received, and responded appropriately to, conventional antimalarial therapy but each developed peripheral gangrene after 2-3 days of treatment.

- **CONCLUSION:** The physician managing children with cerebral malaria should be aware of this complication
- Exclusion and treatment of other causes of focal ischemia (such as frank DIC) and institution of measures which ensure adequate peripheral perfusion (such as prompt rehydration) should be carried out without delay.
- Where no obvious cause can be found, the prognosis of peripheral gangrene in such patients seems good, despite its apparently ominous appearance in a severely-ill child.