

## LETTER TO THE EDITOR

### Necrotizing Fasciitis and Heparin Treatment

We would like to comment on the interesting report of Hammar et al. (1) concerning the study of coagulation and fibrinolytic systems in necrotizing fasciitis (NF). The authors suggest that an addition of heparin to the antibiotic therapy (penicillin and cloxacillin intravenously, then orally) seems beneficial to the outcome. They especially emphasize that a surgical revision of necrotic skin became unnecessary as a consequence of heparin treatment in some patients with NF. These final assertions seem questionable to us for different reasons.

Firstly, the lack of randomisation concerning the heparin therapy, and the few clinical data restrict notably the value of these conclusions. In addition, the use of a classic Chi-square test for the effect of heparin given 5 or more days from admission in Table II is incorrect because of 3 insufficient (<5) theoretical numbers (respectively: 2, 3 and 4). The appropriate Chi-square test with the Yate's correction is not significant ( $\chi^2_1=2.81$ ,  $p=0.10$ ).

Secondly, since 1978, we have observed and managed in our department 18 patients with a NF of a limb. The data of the first ten patients have been recently published (2). Because of the death of the first two patients due to a pulmonary embolism, heparin at effective doses (intravenously or by subcutaneous administration) was then systematically added to intravenous antibiotics of the  $\beta$  lactamin group. Despite of this precautionary measure necrosis of the skin, although well limited with this treatment, was always the rule, leading to an absolutely necessary surgical revision within a few days. So, the efficacy of the heparin treatment in NF, even reported by Hammar et al. seems us partial, and has, in our opinion, not yet been proven.

### REFERENCES

1. Hammar H, Sverdrup B, Borglund E, Blombäck M. Coagulation and fibrinolytic systems during the course of erysipelas and necrotizing fasciitis and the effect of heparin. *Acta Derm Venereol (Stockh)* 1985; 65: 495-503.
2. Bernard P, Vire O, Catanzano G, Bonnetblanc JM. Cellulites et fasciites nécrosantes d'origine infectieuse. *Ann Med Int* 1985; 136 (7): 559-565.

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P. Bernard, J. Fayol and J. M. Bonnetblanc, Department of Dermatology, CHU Dupuytren, 2, Avenue A. Carrel, 87042 Limoges Cedex, France.