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[Med Clin \(Barc\)](#). 1990 May 5;94(17):641-50.

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Erratum in: *Med Clin (Barc)* 1990 Jun 23;95(4):156.

[Combined treatment of gaseous gangrene with hyperbaric oxygen therapy, surgery and antibiotics. A national cooperative multicenter study]

[Article in Spanish]

[Desola J](#), [Escola E](#), [Moreno E](#), [Munoz MA](#), [Sanchez U](#), [Murillo F](#).

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85 confirmed gas gangrene cases from general hospitals where hyperbaric oxygen chambers with single or multiple places are available were reviewed. The diagnosis was made on the basis of muscle necrosis with the characteristic color and odor of the wound, and suggestive clinical and bacteriological findings. The treatment consisted on surgical excision, multiple antibiotic therapy, and hyperbaric oxygen at 3 absolute atmospheres. There was a male predominance (76.5%); 49.4% of them had previous risk factors; the origin of the disease was spontaneous in 18.8% of cases, after trauma in 37.6%, and after surgery in 43.5%. The surgery had been orthopedic in 18.8%, vascular in 16.5% and other in 1.2%. The lesion was in the lower limbs in 71.8%, with abdominal origin of propagation in 18.8% and perineal propagation in 8.2%. 44.7% of patients had shock on admission. The outcome was good in 50.6% of patients, who had a full recovery, and fair in 16.5%, who had minor sequelae or small re-amputations; this amounts to 67.1% of satisfactory evolutions. Outcome was poor in 20% in whom amputation or other major surgical procedures were required (p less than 0.05). Overall mortality rate was 20%, although only in 12.9% death directly related with gas gangrene. Mortality was significantly higher in women, in abdominal localization, and in patients with shock. It was 37.5% in spontaneous and 29.7% in postsurgical cases. There was no death in traumatic cases (p less than 0.005). Death directly related with the disease occurred in the first three days and nonrelated death after two weeks. More severe cases could be cared for in hospitals where multiple place hyperbaric oxygen chambers were available than in those with single place chambers, with a definite outcome towards cure or death with less intermediate situations. The relevant literature is reviewed. It is concluded that this combined therapeutic schedule has the best efficacy to treat gas gangrene, particularly in the more severe forms.

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