



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2564726>Available online at: <http://www.iajps.com>

Research Article

**A UNIQUE CASE OF MEDICAL ERROR RESULTED IN SKIN  
NECROSIS AFTER LIPOSUCTION SKIN NECROSIS  
FOLLOWING LIPOSUCTION****Hassan Abbas Ali<sup>1</sup>, Mohammed Abdullah Baraja<sup>2</sup>, Amar Mansour Almoallem<sup>3</sup>, Abdullellah  
Abdullah Almeshari<sup>4</sup>, Anas Abdullah Alshaalan<sup>5</sup>**

<sup>1</sup>Department of Surgery, Plastic Surgery Division, King Abdulaziz Medical City, Riyadh, Saudi Arabia, <sup>2</sup>College of Medicine, King Saud bin Abdul-Aziz University for Health Sciences, Riyadh, Saudi Arabia, <sup>3</sup>College of Medicine, King Saud bin Abdul-Aziz University for Health Sciences, Riyadh, Saudi Arabia, <sup>4</sup>College of Medicine, King Saud bin Abdul-Aziz University for Health Sciences, Riyadh, Saudi Arabia, <sup>5</sup>College of Medicine, King Saud bin Abdul-Aziz University for Health Sciences, Riyadh, Saudi Arabia.

**Abstract:**

*Liposuction is a frequently performed procedure in plastic surgery done to sculpt the body from excess adipose tissue or reinject it again in different sites for many reasons including cosmetic and reconstructive indications. It is also a safe procedure and associated with low number of complications like infection, hematoma or other injuries to adjacent viscera, nerves, and vasculature. We report a case in our hospital in Riyadh of a 31 years old Saudi female patient arrived at the ER department with wide spread areas of skin necrosis covering the thighs, buttocks, abdomen and part of the lower back. With history and physical examinations, it was discovered that the patient underwent a liposuction involving the same areas, the patient did the procedure in a private clinic overseas without proper follow up after the procedure. furthermore, the patient developed Deep Vein Thrombosis (DVT) at the lower left limb during the admission. The patient underwent multiple sessions of debridement and skin grafting. Her overall condition improved, and she was discharged home in a stable condition and for follow up in the clinic. Reporting such a case to the plastic surgery community is important to prevent unwanted and avoidable complications in a routine procedure in plastic surgery practice.*

**MeSH Keywords:** *Cosmetics, Lipectomy, Necrosis, Skin Transplantation, liposuction.*

**Corresponding author:**

**Mohammed Abdullah Baraja,**  
King Abdulaziz Medical City,  
baraja096@ksau-hs.edu.sa, +00966599118668.  
Department of Surgery, King Abdulaziz Medical City,  
National Guard Health Affairs, Riyadh, Saudi Arabia.

QR code



Please cite this article in press Mohammed Abdullah Baraja et al., *A Unique Case Of Medical Error Resulted In Skin Necrosis After Liposuction Skin Necrosis Following Liposuction.*, Indo Am. J. P. Sci, 2019; 06(02).

**INTRODUCTION:**

Liposuction is a frequently used procedure in plastic surgery in order to remove adipose tissue from parts of the body to sculpt the body from excess adipose tissue or reinject it again in different sites for many reasons including cosmetic and reconstructive indications. Liposuction procedures are minimally invasive which can be done in an outpatient setting with local anesthesia as a day procedure. It is also safe and associated with low number of complications like infection, hematoma or other injuries to adjacent structures [1,2]. Many factors are involved in the success of the procedure and unwanted outcomes reduction including performing the procedure by a board-certified plastic surgeon with a good experience and appropriate patient selection criteria with a reasonable patient and physician's expectations [3]. For many years' liposuction was a choice for many patients with excess weight looking to enhance their shape or achieve symmetry and meet their own desired body image. As any procedure liposuction carry a risk for complication and unwanted consequences. Some of the known complications for such procedure are injury to the surrounding structures like nerves and vasculature or perforating body viscera in addition to skin necrosis, infection and hematoma as a late consequence of the procedure [3,4].

**CASE REPORT:**

In our hospital, we received a case of a 31 years old Saudi female patient medically and surgically free, not known to be using Alcohol, Tobacco smoking or substance abuse drugs. presented to ER complaining of unilateral vision loss in the right eye, bruises and burning pain involving the upper limbs, thighs, abdomen, back and flanks. The patient was vitally stable and her Body Mass Index (BMI) was 29 kg/m<sup>2</sup>. After stabilizing the patient and further investigation the history of the patient yielded that she underwent liposuction and rhinoplasty two weeks ago in a private

clinic overseas for cosmetic purposes. The affected areas are where the liposuction was carried out. The patient went there to perform plastic surgery because it is more affordable for her after the procedure the patient traveled back home and started noticing the bruises over the liposuction sites right away with no improvement. The patient was admitted to the burn ICU under the plastic surgery service for further assessment of her wounds and management. Different investigations and imaging modalities were obtained to investigate her blindness and cultures to rule out infectious complications. During the admission, the vision in the right eye returned to normal. After the investigations, the treating physician decided to treat her conservatively with daily wound dressings and analgesics for the pain. The patient stayed for 12 days and was discharged in a stable condition and to be followed as an outpatient with multiple specialties. After 5 days, the patient returned with signs of infected wounds and clinical deterioration. These sites where liposuction was done were necrotic and required surgical intervention (Figure 1). She was admitted, and excisional debridement and grafting of the affected areas were carried out in a total of 6 procedures (Figure 2). During the admission the patient complained of shortness of breath and chest pain, so Pulmonary Embolism (PE) was suspected. Doppler ultra sound and spiral chest Computed Tomography (CT) were performed for the patient and confirmed the diagnosis of Deep Vein Thrombosis (DVT) and PE. The patient received therapeutic anticoagulant, IV heparin 5000 Units, for DVT and PE, after that she was kept on IV prophylactic Anticoagulant, Enoxaparin 40 mg. After going multiple procedures for debridement and skin grafting with the involvement of other multidisciplinary teams the patient improved and was discharged home in a stable condition. The patient was given follow up appointments in the clinic for assessment and planning for future interventions as needed. Reporting such a case to the plastic surgery

community is important to prevent unwanted and avoidable complications in a routine procedure in plastic surgery practice.

#### DISCUSSION:

We believe that contributing factor is the physician's technique of the procedure. Performing too much superficial suctioning might lead to thinning of the overlying skin layer and damaging the blood vessels, which might compromise the blood perfusion to the area leading to skin necrosis and unwanted complications [6,7].

The patient told us that she was discharged one day after the procedure with no follow up plans with the surgeon. A lot of uncertified clinics offer plastic surgery services for cheaper prices but with higher risk of complications and undesired outcomes [8]. We always advice the patient to look for board certified surgeons who are specialized to perform the desired procedure.

#### CONCLUSION:

Liposuction is a common procedure in plastic surgery and like any procedure it carries risk of many complications. In this case, many complications and consequences were unnecessary and avoidable with performing the procedure with proper technique. Physicians should not compromise standards and patient safety to decrease cost of the procedure and attract more patients.

#### Acknowledgements:

None

#### REFERENCES:

1. Kaoutzanis, C., Gupta, V., Winocour, J., Layliev, J., Ramirez, R., Grotting, J. and Higdon, K. (2017). Cosmetic Liposuction: Preoperative Risk Factors, Major Complication Rates, and Safety of Combined Procedures. *Aesthetic Surgery Journal*, 37(6), pp.680-694.
2. Hanke, W., Bernstein, G. And Bullock, S. (1995). safety of tumescent liposuction in 15,336 Patients. *Dermatologic Surgery*, 21(5), pp.459-462.
3. Venkataram J. Tumescent liposuction: A review. *J Cut Aesth Surg*. 2008;1(2):49.
4. Mallappa, M., Rangaswamy, M. and Badiuddin, M. (2007). Small Intestinal Perforation and Peritonitis After Liposuction. *Aesthetic Plastic Surgery*, 31(5), pp.589-592.
5. Chaput B, Fade G, André A, Grolleau J, Garrido I. Liposuction. *Plast Reco Surg*. 2012;129(4):765e-6.
6. Michael SG Bell A. Liposuction sepsis – be alert [Internet]. PubMed Central (PMC). 2018 [cited 20 October 2018]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2827285/>
7. Franco F, Basso R, Tincani A, Kharmandayan P. Complicações em lipoaspiração clássica para fins estéticos. 2018.
8. Desrosiers, A., Grant, R. and Breitbart, A. (2004). Don't try this at home: liposuction in the kitchen by an unqualified practitioner leads to disastrous complications. *Plastic and Reconstructive Surgery*, 113(1), pp.460-461.

## Figure



Figure 1. Note the skin necrosis in the affected areas before debridement and skin grafting. (A) The upper Limb. (B) Right Flank. (C) The inner thigh area.



Figure 2. Note the affected areas after debridement and skin grafting. (A) The right flank. (B) The inner thigh. (C) the left flank.