Supplemental file

Rom J Diabetes Nutr Metab Dis
2025; volume 32, issue 3

Table S1: Clinical timeline table: necrotizing fasciitis case.

Day	Timeline	Clinical events and findings
Day -7	7 days before admission	The patient developed a small abrasion on the right plantar aspect of the foot. Treated at home with normal saline and a gauze dressing.
Day -5	5 days before admission	Progression into a tense blister.
Day -2	2 days before admission	Rapid worsening of the lesion: increased size and depth, spread to the lower leg. Associated with purulent discharge, blackened tissue, swelling, and severe pain. Systemic symptoms: fever, nausea, anorexia.
Day -1	1 day before admission	Decreased consciousness. The patient was referred to the tertiary hospital's emergency department.
Day 0	Admission day	Somnolent (GCS E3-V4-M5), febrile (38.5°C), stable vital signs. Right foot with a necrotic tunnel-like ulcer, crepitus, pus, and a mutilated fifth toe. Lab: WBC 62,880/µL, CRP 26.8 mg/dL, hypoalbuminemia, hyperbilirubinemia, LRINEC score 10, SOFA score 3. Chest X-ray: right paracardiac infiltrate. Foot X-ray: bone destruction and soft tissue swelling. Diagnosis: Necrotizing fasciitis with sepsis and early multiorgan dysfunction. Initiated IV ceftriaxone, metronidazole, insulin, albumin, and fluids. Surgical consultation requested.
Day 1	Post-op day 0	Emergency surgical debridement and below-knee amputation were performed. Post-op: improved GCS (4-5-6), resolution of fever, WBC decreased to 54,380/µL. Vital signs stabilized.
Day 2–3	Ongoing treatment	Continued nutritional support, insulin, and transfusions. Worsening hypoalbuminemia and hyponatremia. Inflammatory markers and bilirubin levels gradually improved.
Day 4	New clinical concern	New-onset fever and increased wound pain (VAS 7). CRP and bilirubin improved, but albumin and sodium remained low.
Day 5	Rapid deterioration	Sudden clinical decline: hypotension (BP 85/60 mmHg), high fever (39.1°C), altered mental status (GCS 2-2-4), cold extremities. Septic shock diagnosed. Despite fluids and norepinephrine (50 ng/kg/min), the patient died within hours. Wound culture: Enterococcus avium (resistant to clindamycin, gentamicin, levofloxacin, penicillin; sensitive to vancomycin, linezolid, others). Blood and urine cultures: negative. Antibiotics could not be adjusted before death.