

this case report did, should be suspected of having a necrotizing soft tissue infection. Surgical intervention at the time of presentation—exploration, decompression, and debridement—may have prevented the ablative operations. The patient's response to interventions was what we would expect from a compromised host—that is, slowly healing wounds, extended antibiotic coverage, and additional operations.

Finally, the authors fail to mention the role and apparently did not consider the use of hyperbaric oxygenation (HBO) therapy as an adjunctive intervention in the management of this patient's necrotizing fasciitis. Reviews indicate mortality rates decrease by 50% when HBO is used as an adjunct.^{3,4} Our own experiences have shown similar benefits. Of equal importance, the incidence of major amputations (such as leg, forearm, or entire limb) has almost been totally eliminated when we use HBO as an adjunct to the surgical and medical management of necrotizing fasciitis. In addition, the need for multiple surgical debridements is greatly reduced with the usual situation of only one additional in-operative department debridement after the initial exploration, decompression, and debridement. A third return to the operating department is usually for definitive coverage and closure of the wound. Regardless of the etiologic agent, we recommend HBO be used for necrotizing soft tissue infections, especially in a compromised host.

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Dr Ballon-Landa Responds

TO THE EDITOR: Drs Strauss, Chung, Hart, and Weinstein bring up several interesting points. We wholeheartedly agree that hyperbaric oxygenation (HBO) therapy is a valuable adjunct in the treatment of necrotizing fasciitis caused by any agent and would have been of value in our patient, had it been available. We have previously reported on the use of this modality in such a case, wherein *Aeromonas hydrophila* was the pathogen.¹ Unfortunately, the hyperbaric chamber in our hospital, which was the

first one in a civilian hospital in San Diego County, was a casualty of the difficult economic times that have befallen our institutions, and currently HBO is not readily accessible to us or to most of our colleagues.

Bacterial synergism is seen in a majority of cases of this syndrome, and clinicians must diligently look for evidence of mixed infection. We did and found none. The surgical specimens of the necrotic tissue were carefully cultured for aerobes, anaerobes, fungi, and acid-fast bacilli, and the results were a pure culture of non-O1 *Vibrio cholerae*. We expected that we would have recovered other organisms from the necrotic material, as has been our experience, if they were there. Two different laboratories confirmed this organism's identity. This organism seems to have acted alone in the fascial planes.

Our patient had intact cellular and humoral immunity, as measured by the usually available tests. Whereas his immune system was competent, we agree that he was, by virtue of his diabetes, previous infections, and previous operations, a compromised host at increased risk of infections developing.

Everybody agrees that the sooner the diagnosis is suspected, the sooner patients will arrive at surgical debridement and, in turn, the better the chance for salvage. Every experienced clinician also realizes, however, that its recognition can be extremely difficult in the earliest hours, as it was in our patient. Medical science is currently in need of a diagnostic test that will more accurately predict which patients with early absent or equivocal clinical signs will benefit from surgical therapy and which will not.

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Latino Belief of Alleged Medical Procedure

TO THE EDITOR: Various studies have described specific Latino beliefs that may have implications for medical practice, for example *empacho* ("intestinal obstruction"), *mollera caida* ("fallen fontanelle"), *ataques de nervios* ("nervous attack"), and *susto* ("fright," "shock").^{1,4} We became aware of the possibility of another highly unusual belief that can affect medical professionals involved in newborn care. It is thought, according to Latino informants, that during the post-neonatal examination, physicians perform a procedure that entails "cutting," "opening," or "breaking" the hymens of newborn female infants.

To find out how widespread the belief is, we interviewed 105 Latino (Mexican, Mexican American, Guatemalan, and El Salvadoran) patients and health care professionals at a community clinic in El Cajon, California. Spanish- and English-language question-