



### Tryst with flesh-eating bacteria

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How could roly-poly, chubby, smiling Sita's soft, smooth skin be attacked by 'flesh-eating' bacteria?

An internet search told me part of what might have happened. Through the skin on her groin, a gram-positive coccus had gotten in through a cut or a scratch. Maybe it was *Staphylococcus aureus* or *Streptococcus pyogenes*, or was it *Enterococcus*? Or perhaps it was a gram-negative rod that entered first - *Escherichia coli* or *Pseudomonas aeruginosa* or something from the enterobacteriaceae species. Or could it be one of the *Clostridium*s, *perfringens*, *speticum* or *sordellii*? Most likely, one entered and the gates were opened to the rest, so that into the skin tissue they went with a vengeance.

Whether Type I or Type II infection, the motley group of microorganisms weren't actually 'eating' Sita's flesh. They were releasing toxins to cause tissue death. It would have started with a small red patch that turned dark red, then purple in the centre, and then grew in size within hours and became unbearably painful.

The other parts of the last chapter of her story we put together with inputs from family members. She had consumed two strips of

over-the-counter analgesic medicines over the last two days. Yet the pain had gotten worse, becoming unbearable. The clotting blood vessels had very quickly turned the purple part black. She developed a fever. Just before she became incoherent and semi-conscious that morning, she had phoned her husband. He had just reached his office. 'Call for an ambulance,' she'd pleaded hoarsely, 'Help me.'

Into the ICU she went. Necrotizing fasciitis wasn't hard to diagnose; the blood tests confirmed the clinical suspicion. She had palpable gas in her tissues before the laboratory reports came in. In the coming days and weeks, despite the many surgeries for debridement (17? 19? 23? Over WhatsApp messages, we lost count of how many procedures were carried out), grafting, and the heavy doses of antibiotics, the bacteria defied all treatment and grew: tissue removed in one place, fresh infection somewhere else; graft done here, another site of infection there. There had been good (?) days and terribly bad days; empiric antibiotics were pumped into her veins, also guided ones, with powerful combinations of drugs. Then the kidneys gave up.

Debilitating operations, traumatic treatment finally over, Death won. Immediately, there

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was more relief than grief. Story over, gone, passed away, to rest in peace or move on as in some religious beliefs, who knows.

Good that she lost the battle, a cardiac surgeon classmate told me: survival would have been horrible. With her gluteal and thigh muscles removed, she would have had problems sitting, standing, walking, and sleeping. Even if she did get - difficult to obtain through bureaucratic mazes - government aid for rehabilitation, her life and that of her solitary caregiver, her husband, would have been a long nightmare.

She was the second youngest of my 18 cousins; the eldest member of our generation was 35-40 years older than her. Till the middle of the last century, mothers and daughters being pregnant at the same time was the norm. Women got married in their teens or earlier and had children until they couldn't have any more. Their daughters were married young, too, and therefore the simultaneous pregnancies. Sita's mother was the sister following my mother, nearly at the end of the brood of nine. Sita's mother and our eldest cousin were born in Palolem, Canacona, Goa, when it was still under Portuguese rule. By the time Sita was born, she was already a great-aunt, with some of her nieces and nephews married, and with children of their own. At that time, Goa had become a Union Territory of India, and electricity was on its way to bringing running water and electric light bulbs to most homes there. She was never to know of its backwardness. Nothing in her past, not genes nor environment, could have linked her to such a gruesome end.

When she joined school in the first standard in the early seventies, joint families in rural areas no longer had at least two infants in every household each year. The family planning program had forever banished the life described in Nirad Chaudhuri's 'The Autobiography of an Unknown Indian'. Her parents had travelled and worked outside the country and Sita, raised in very modern,

cosmopolitan, progressive and safe conditions, had the best of nutrition, inoculations, hygiene, and the tenderest loving care. One 'hm' from her and her parents and sibling would respond like it was a command. Sita's exposure was to cleanliness, neatness, tidiness, regular habits, and good health.

She was ten years my junior in school. My classmates remember her as a chubby child with a ready, shy smile. A chaalti-phirti-bahuli - 'walking-talking doll' - she was, cuddled and hugged by all. She grew up believing the world revolved around her and she responded generously with affection and joy. There was always someone to care for her, keep her secure, engaged and happy, away from measles, mumps, heat boils, lice, anything even remotely connected to an Indian childhood of those days.

But things change, situations change, people change, or maybe Life changes people.

Marriage, a job. Youth gave way to adulthood, to middle age. She had settled in the developed nation of which she was a citizen by birth and choice, entitled to excellent medical care. She had chosen an affectionate, hardworking, soft-spoken soul mate whom we cousins took to. He suffered much through Sita's terrible illness. We will never know whether my aunt and uncle initially approved of her choice, since he was not one of 'us'. Acceptance definitely followed, as did the young couple's financial struggles.

In the years before the internet and cellular phones, keeping in touch long distance was erratic. Over the years, if she had problems at work, did she share them with anyone? Did those problems stress her out? Post mortem, we discovered that she'd had issues which she'd chosen to hide rather than to share with those close to her. Does stress lead to physiological changes which take their toll years later, even when things smoothen out? How, and how much, does it

affect the immune system?

She visited us almost every year. We continued to treat her like a baby sister until she was well into her fifties. She smoked. There were signs that she might have inherited diabetes from either parent. She used to be plump; but once, on her annual vacation to India, we noticed she'd lost a lot of weight, her teeth were discoloured, her smile seemed forced, there was hair growth on her upper lip, signs of selfcare indifference that we omitted to take seriously. We pampered her, nevertheless, missing the point: she was neglecting her health.

It hurts to know that her resistance to the bacteria was low, that we might have been able to prevent a horrible end if only we had pushed her into getting medical help. You can't see the picture if you're inside the frame. As those close to her, we missed the cumulative effect of the progressive changes. We, who saw her after a gap, could have, should have, wish we had done something about them. Regret is a waste of energy, but sharing our story might save another life.

After she passed away, we learnt that she had not been working for a couple of years and had reached out to no one for any kind of solace, advice or help. Her husband confided that she had stopped driving the car, going out of the house, even going upstairs: she spent most of her time in the drawing room watching television. He had worried, did what he could, as much as could. He'd ask her, to her irritation, what she had lunched on. Biscuits? Other snacks? Or had she, who loved her fried white pomfret slices, lost her appetite for food? He persevered long hours at work and diligently did what he could at home, too. It had been hard on him.

I wonder, looking back, was Sita looking after herself? Did she bathe regularly? Or at all? My last call to her was during a heavy monsoon downpour in July, on her birthday. I recall now, she hadn't joked like she usually did; we talked about the weather, some event

that had taken place in India, but the conversation was brief. Within three months, she was gone. Would I, or could I, have done anything had I known then that she had kept herself homebound?

She'd been tech-savvy and could discuss current news, had her opinions; an intelligent, educated woman, mild, quick-witted. Why had she shrunk socially so much in her last few years? What did she think about or do all day long? Days had slipped by, and no one realized that Sita had slipped with them. It doesn't matter now, she's resting in peace.

Her husband said he discovered from her bank that she had taken a loan; he didn't know why or for what. In another account, there was more than enough money to repay that loan and live a comfortable life. Why did she not use it? The reason, undisclosed, has been cremated with her body. Diwali and New Year phone calls don't reveal anything, do they? Posts on social media didn't give an inkling of what was going in the life of Sita. I thought I was close to her. I was wrong.

Whilst surfing about the medical secrets of this dreadful infection, I discovered that there are fewer than 100 thousand cases of necrotising fasciitis per year in India. If these figures are correct, for our density of population and our standards of hygiene and tertiary medical care, they appear low as compared to those in the West. For reasons that are unclear, it can also infect healthy individuals with no previous medical history or injury. As I further perused the internet about what can be seen in an MRI, a CT, an ultrasound, what was of sad interest was what Sita had lived through in past years, that I'd been unaware of. Regret is a waste of energy, but how does one keep it at bay?

The trajectory of a life is unknown, unpredictable. Sometimes, giving help is not possible. Providing emotional support and kind words is perhaps all that we can do. That's the lesson Sita's loss has taught me.