Table V. Gangrenous (Necrotizing) Cellulitis

Diagnosis	Etiology	Clinical Setting
Gangrenous cellulitis +/- necrotizing fasciitis (type I necrotizing fasciitis)	Polymicrobial, including: Enterobacteriaceae facultative streptococci staphylococci anerobes (Bacteriodes species, anerobic peptococci, peptostreptococci)	
Streptococcal gangrene +/- necrotizing fasciitis (type II necrotizing fasciitis)	Group A, C, or G streptococci	Occurs on extremities at sites of trauma
Anerobic cellulitis (may complicate clostridial myonecrosis)	Clostridia species (mostly C. perfringens)	
Progressive bacterial synergistic gangrene	Microaerophilic streptococci + Gram negative bacilli and/or S. aureus	Postoperative wound complications
Synergistic necrotizing cellulitis (including Fournier's gangrene)	Polymicrobial: Bacteriodes species + peptostreptococci, Gram negative bacilli	Diabetes mellitus, obesity
Gangrenous cellulitis in immunocompromised hosts	Broad range of causative pathogens: Bacteria: Gram negative bacilli Fungi: Aspergillus, Mucor species, Rhizopus, Apophysomyces elegans	Granulocytopenia, immunosuppression, burns, diabetes mellitus
Gangrene (skin necrosis) complicating conventional cellulitis	Group A, C, or G streptococci	Severe conventional cellulitis