

Mucor-The deadly evil

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ABSTRACT

Mucormycosis is an opportunistic infection affecting the immunocompromised group of population. Rhinocerebral is the most prevalent form. Surgical debridement and amphotericin B along with other factors is the recommended treatment. Our cases depict various manifestations of mucormycosis in paranasal sinuses.

Keywords- Mucormycosis, Amphotericin B, Paranasal sinuses, Rhinosinusitis

INTRODUCTION

Mucormycosis is a fungal infection which has a tendency to spread into paranasal sinuses. Intracranial complications are usually common in immunocompromised people which are on long term immune suppressive therapies and are co-morbid. Increased use of steroids, high blood sugar levels contribute to the rise of such cases. One of the most common site of this infection is its origination in head and neck region[1]. Saprophytic fungi causes mucormycosis[2]. Infection caused by this fungi ends into mortality in most cases[3].

CASE REPORT

A case of Chronic rhinosinusitis with right facial nerve palsy. A 44 year male came to Otorhinolaryngology OPD with complaints of chronic headache, blackish nasal discharge and facial pain since 1 month. He took oral and injectable steroids for the same after which he developed facial nerve palsy. Later he came to our hospital for further management. On examination, there was left ear discharge, bilateral nasal cavity blackish discharge was present and right sided facial nerve palsy. There was palatal defect of 0.5X0.5 cm on the left side at the junction of hard and soft palate covered with necrotic debris. Endoscopic nasal swab suggested presence of fungal elements. CT Neck Plain and contrast was done suggestive of rhinosinusitis with bony erosions and adjacent soft tissue extension likely of fungal etiology. After informed consent, patient underwent bilateral endonasal endoscopic sinus debridement. Later patient was shifted to internal medicine for receiving injection Amphotericin B according to the required dosage.

Another case of 82 year old male post road traffic accident came with chief complaints of difficulty in chewing since 1.5 months, followed by pain, bilateral nasal discharge since 15 days, frontal headache since 1 month and right sided facial pain since 1 month. On examination, there was hyperpigmentation over bilateral periorbital region, bony projection was present over right side of hard palate covered with slough and blackish discoloration was seen. After obtaining informed consent and adequate investigations patient underwent Caldwell Luc surgery with endoscopic endonasal sinus debridement. Later patient was shifted to internal medicine for receiving injection Amphotericin B according to the required dosage

CONCLUSION

Zygomycosis is an assertive fungal infection affecting the low socioeconomic population. Based on the involvement of different sites and clinical presentation such as endocardial and osteomyelitic infection[4]. Dasukil et al described post covid cases of zygomycosis[5]. Surgical intervention along with Liposomal Amphotericin B is the treatment of choice for Rhinocerebral mucormycosis. This letter emphasises the significance of timely diagnosis and endoscopic debridement of even advanced cases of Rhinocerebral mucormycosis.

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