

## FATAL EVOLUTION OF ORBITAL MUCORMYCOSIS

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### Abstract

Mucormycosis, is an uncommon and rapidly progressive fungal infection, from the Mucorales order, is mainly seen in immunocompromised patients .

It's about a 30-year-old patient, who had no evidence of immunodeficiency, and no considerable past medical history, admitted for the management of a left orbital cellulite secondary to pansinusitis, rebellious to antibiotics (C3G+metronidazol+aminoside) complicated by blindness , associated with a purulent rhinorrhea.

### Ophthalmological examination of the left eye showed :

- No light perception
- palpebral edema
- non-axial exophthalmos (globe deviated in temporal) non-reducible with absence of thrill on palpation nor breath on auscultation with inflammatory signs, conjunctival hyperemia on 360, chemosis. inflammatory Purulent secretions, ophthalmoplegia and corneal edema

Otorhinolaryngologic examination showed inflammatory nasal mucosa and purulent rhinorrhea.

orbital cerebral CT scan objectified a pan-sinusitis thickening of the adjacent oculomotor muscles (infectious myositis) with mass effects on the optic nerve; and exophthalmos and absence of venous thrombosis.

The evolution was marked by the Aggravation of exophthalmia and palpebral ulcerations, with impossibility of opening the left eye. 3 days after the globe was necrotic

MRI cerebro orbital MRI: pansinusitis+ bone lysis of the walls of the

ethmoidales cells and nasal septum ; Upgrading of the infiltration of extraconical grease and thickening of the oculomotor muscles on both sides. Destroyed aspect of the left globe

The patient was in sepsis with hypotensive tachycardia, a fever of 41°c chills. Neutropenia and thrombopenia the diagnosis of mucormycosis is strongly suspected Patient transferred to intensive care ,put on amphotericin B, targocide and tienam. then benefited from an exenteration, the anatomopathological study objectified mycelial filaments in favor of mucormycosis. next day patient died of septic shock

Mucormycosis, as a fatal fungal infection with high mortality rate, requires early diagnosis, appropriate early surgical and rapid antifungal management so that successful outcome is possible.

### Recent Publications

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- [2] clinical manifestations, diagnosis, and treatment. *Clinical Microbiology and Infection*, 10(1), 31-47
- [3] Bhansali A, Bhadada S, Sharma A, et al. Presentation and outcome of rhino-orbital-cerebral mucormycosis in patients with diabetes. *Postgraduate Medical Journal* 2004;80:670-674
- [4] Lam SC, Yuen HKL. Management of bilateral rhino-orbital cerebral mucormycosis. *Hong Kong Med J.* 2019;25(5):408-409. doi:10.12809/hkmj187588
- [5] Lam Choi, V. B., Yuen, H. K., Biswas, J., & Yanoff, M. (2011). Update in pathological diagnosis of orbital infections and inflammations. *Middle East African journal of ophthalmology*, 18(4), 268-76.

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