



Rhino-Orbito-Cerebral Mucormycosis with Three Intracranial Complications: Infarct, Hemorrhage and Ophthalmoplegia

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Clinical Image

Rhino-orbito-cerebral mucormycosis is a rare life-threatening opportunistic fungal infection caused by fungi from the order Mucorales [1]. The disease commonly affects immunocompromised patients, especially ketoacidotic diabetic patients [2]. We report a case of Rhinocerebral mucormycosis in a 48-year-old diabetic patient, who presented to our department with the complaints of exophthalmos in the left eye, headache, fever and black nasal discharge (Figure 1A/B). Magnetic Resonance Imaging (MRI) of the brain revealed left ethmoid sinusitis, left-side orbital cellulitis and suggested cavernous sinus thrombosis with left ophthalmic artery occlusion (Figure 2 and Figure 3A). He developed progressive skin necrosis on the left periorbital region within 72 hours of admission (Figure 1C). Diagnosis of mucormycosis was confirmed by mycological findings. Initial empirical antimicrobial therapy was initiated with intravenous cefotaxime 2 g intravenously (IV) every 8 hours, metronidazole 500 mg IV every 8 hours, fosfomycin 4 g IV every 6 hours and injectable amphotericin B. Continuous IV insulin infusion was administered with IV fluids.

On the 4th day, the patient developed altered consciousness, the brain CT scan revealed a cerebral hemorrhage in the left frontal lobe (Figure 3B). Despite aggressive therapy, patient

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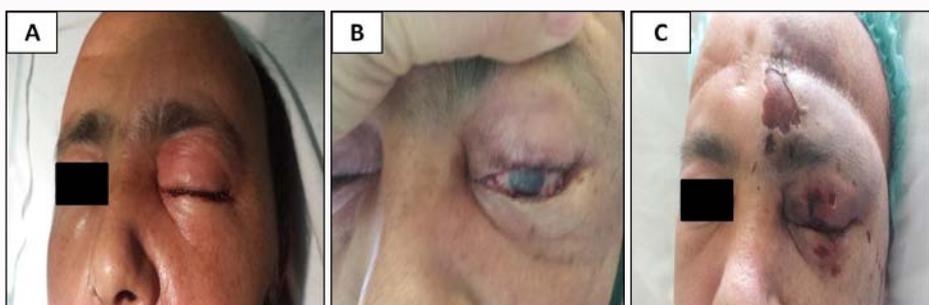


Figure 1: (A) ICU admission: Left palpebral oedema, local erythema, blindness and ptosis of the left eye. (B) Left orbital cellulitis. (C) 72 hours after the admission: progressive skin necrosis on the left periorbital region.

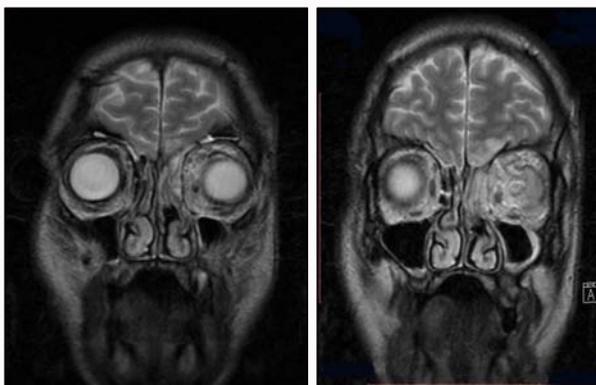


Figure 2: MRI brain: Left orbital cellulitis with contiguous spread of infection to the adjacent basifrontal region.

