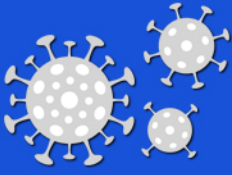


Mucormycosis Complicating COVID-19

Who is at risk?



Concurrent or recent COVID-19



Poorly controlled diabetes



Use of immunosuppressants (steroids, etc.)

What are the symptoms?



Fever, chills



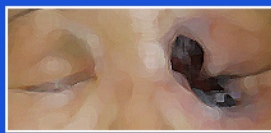
Loss of visual acuity, double vision, eye swelling



Facial pain/numbness, nasal blockage, or foul discharge



Headache



Darkening (blackening) of skin



Loosening teeth

Exam findings

- Fever, tachycardia, hypotension
- Eye swelling/facial asymmetry
- Necrotic tissues in or around nose or mouth
- Cranial nerve palsy

Next Steps

- **Get the patient to the surgeon ASAP!**
- Obtain tissue for fungal stains (GMS and PAS) and culture
- Order CT of sinuses & brain but DO NOT delay surgery

Management

- Implement extensive surgical debridement
- Control diabetes
- Reduce corticosteroid dose
- Discontinue immunomodulators
- Maintain hydration
- Provide Antifungal Therapy



Initial Antifungal Therapy for 3-6 Weeks

- 1st choice: Liposomal/lipid amphotericin B 5 mg/kg/d
- 2nd choice: Amphotericin B deoxycholate 1-1.5 mg/kg/d
- 3rd choice: Isavuconazole IV 200 mg TID on D 1-2 & 200 mg/d from D3
- 3rd choice: Posaconazole IV 300 mg BID on D 1 & then 300 mg/d

Continuation on oral isavuconazole or posaconazole for 3-6 months thereafter

Red flag:
Mucormycosis is a surgical emergency!

GMS = Grocott Methenamine Silver Stain; PAS = Periodic Acid Shift
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