



The Menace of Black Fungus: Mucormycosis

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Received: May 17, 2021; **Published:** December 31, 2021

Mucormycosis is a fungal infection found in the covid-19 patients with uncontrolled blood sugar level or prolonged intensive care unit (ICU) stay or prolonged steroid medication and reduces their ability to fight environment pathogens. On inhalation of fungal spores, it mostly affects lungs or sinuses. If left untreated it may turn fatal as well.

Signs and symptoms are:

1. Fever
2. Headache
3. Coughing
4. Shortness of breath
5. Vomiting blood
6. Pain and redness around eyes/nose
7. Altered mental status.

Predisposing factors

1. Uncontrolled blood sugar levels
2. Steroid use leading to immunosuppression
3. Prolonged ICU stay
4. Malignancy
5. Post-Transplant
6. Voriconazole therapy.

Prevention

1. Use of masks

2. Full body coverage with full shirts, trousers and shoes in soil
3. Personal hygiene maintenance.

When to suspect

1. Sinusitis/blackish discharge
2. Pain on cheek bone
3. Blackish discoloration over bridge of nose
4. One side facial pain, numbness or swelling
5. Toothache, tooth loosening or jaw involvement
6. Blurred vision
7. Chest pain and worsening of respiration.

Management

A team approach comprising of microbiologist, internal medicine specialist, intensivist, neurologist, ENT specialist, ophthalmologist, dentist, surgeon and a biochemist works the best:

1. The primary line of treatment focuses on controlling blood sugar levels and diabetic ketoacidosis.
2. Steroids should be reduced with the aim to discontinue.
3. Immuno-modulating drugs should be discontinued.
4. No antifungal prophylaxis is needed.
5. Extensive surgical debridement to remove all the necrotic material.

6. Medical treatment involves:
 - a. Installation of peripherally inserted central catheter (PICC line).
 - b. Maintenance of adequate systemic hydration.
 - c. Antifungal therapy for 4 - 6 weeks following normal saline IV.
7. Patient to be monitored and radio imaging to detect disease progression [1-3].

Bibliography

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Volume 5 Issue 1 January 2022

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