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Clinical Case Reports

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Levente Deak

Al Zahra Hospital Dubai, UAE

Biography:

Levente Deak has studied Medicine at Semmelweis University and completed his Fellowship in Northwestern University Chicago (USA) with a sub specialty interest in the Rhinology field. During academic years he has conducted extensive research which was honored by the Spoendlin and Bekesy Awards. Research is still the cornerstone of his Medical Practice and his papers are published in many international scientific journals. He has conducted numerous audits and presently he is involved in accreditation program for ENT residents training program. He is the Organizer for the "Rhinology Update Course" which held annually. As an internationally accredited Surgeon, he has been an ENT Consultant for over past 10 years. He is working as the Head of Department at Al Zahra Private Hospital Dubai for more than 3 years.

Rhinofacial *Conidiobolus coronatus* fungal infection presenting as an intranasal tumor

Conidiobolomycosis is a rare form of zygomycosis infection and mostly found in the tropical rain forest areas. Our 42 years old male patient visited the middle part of the India for few days and 3 months later developed nasal blockage with severe epistaxis. He was seen initially in a primary care center and then referred to our hospital with the diagnosis of epistaxis and a suspected nasal tumor. CT and MRI reports confirmed the presence of a highly vascularized mass in the right nasal cavity. After surgical excision, the histopathology report confirmed *Conidiobolus coronatus* infection and granuloma formation with hyphae surrounded by an eosinophilic sheet (the Splendore-Hoeppli phenomenon). Initial treatment with Amphotericin B treatment was unsuccessful and the infection progressed leading to both external and intranasal deformity. This necessitated further tumor mass excision and reconstruction. After receiving the antifungal susceptibility profile, a new combination therapy of itraconazole with fluconazole was started. Following 18 months of oral antifungal treatment, the disease was cured. Fungal infection in the nose is commonly seen in immunocompromised or diabetic patients, however Conidiolomycosis infection has been mostly reported in healthy young adults presenting as nasal obstruction with facial swelling and massive nasal bleeding. With the advent of global travel today, this infection could potentially present anywhere. The goal of this presentation is to put the Conidiobolomycosis infection into the differential diagnosis panel in the case of nasal obstruction.

levente.deak@azhd.ae