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Management of rhino-orbital mucormycosis

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Mucormycosis is an uncommon acute invasive fungal infection that affects immune compromised patients. It progresses rapidly and has poor prognosis if diagnosed late. Early detection, control of the underlying condition with aggressive surgical debridement, administration of systemic and local antifungal therapies, hyperbaric oxygen as adjunctive treatment improves prognosis and survivability. Mucormycosis also known as zygomycosis and phycomycosis is an uncommon, opportunistic, aggressive fatal fungal infection caused by fungi of the order Mucorales, frequently among immunocompromised patients. This fungal infection begins from the sinonasal mucosa after inhalation of fungal spores; the aggressive and rapid progression of the disease may lead to orbital and brain involvement. In the past, the mortality rate of the rhino-cerebral type was 88%, but recently the survival rate of rhino-cerebral mucormycosis averages 21-73% depending on the circumstances. Mucormycosis is classified according to anatomical site into rhino-cerebral which is the most common, central nervous system, pulmonary, cutaneous, disseminated and miscellaneous. The rhino-orbito-cerebral is the most common form of mucormycosis. The most common predisposing factor is uncontrolled diabetes mellitus (DM), especially when the patient has a history of ketoacidosis, these species thrive best in a glucose rich and acidic environment. Immunosuppressive drugs such as steroids, neutropenia, acquired immune deficiency syndrome, dialysis patients on deferoxamine, malnutrition, hematologic malignancy and organ transplant patients are also at risk of affection by the fungi. This case report describes a case of rhino-orbital mucormycosis affecting a diabetic female with good prognosis and satisfactory healing. Our objective in presenting this particular case is to emphasize that early diagnosis and proper management leads to good prognosis and high survivability.

Biography

Mostafa S Mohamed has completed his Dental degree from MUST University, Egypt. He has then joined Military for 1 year and after that he has worked 5 years for Oral and Maxillofacial Board as a Resident. He has published about 3 case reports and another 4 case reports are in progress.

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