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Black fungus: paranasal mucormycosis

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This is invasive rhino-orbito-cerebral mucormycosis on the face of a woman in her 50s (fig 1).



Fig 1 |

She presented to her doctor with a history of nasal obstruction and right facial tenderness, with a background of uncontrolled diabetes, and was treated empirically for sinusitis with topical nasal steroids and saline wash. Ten days later she attended the emergency department with a black paranasal lesion (fig 1).

Invasive fungal infection was suspected because of the characteristic black appearance of the lesion. The patient underwent immediate emergency surgery for debridement, and systemic antifungal treatment was started. The diagnosis was confirmed by isolation of *Rhizopus arrhizus* from an intranasal biopsy sample.

Acute invasive rhino-orbito-cerebral mucormycosis is a life threatening fungal infection that occurs in patients who are immunocompromised, such as those with poorly controlled diabetes (70% of cases). Other predisposing factors include haematological neoplasms, renal transplantation, injecting drug use, and use of desferoxamine.¹⁻⁴ Because of the rapid clinical progression of this condition, early surgical debridement is imperative to avoid extensive tissue and eye loss or even death.

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