

# Mucormycosis and Type 1 Diabetes: A Case Report



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## **Background:**

Mucormycosis which is an invasive fungal disease and commonly seen in immunocompromised patients is very rare in the diabetic children. High morbidity and mortality rate can be seen in the mucormycosis.

# **Case Report:**

We present a case with type 1 diabetes with mucormycosis. A 14-year-old male patient was referred to our department due to polyuria, polydipsia, weight loss, headache, altered consciousness, fever, and rhinorrhea. After the diabetic ketoasidosis treatment, right facial paralysis, anisocoria, and ptosis were noted (Figure 1). MRI revealed fronthoethmoid fungal sinusitis, orbital cellulitis, frontobasal cerebritis and abscess formation (Figure 2). Mucormycosis was confirmed by biopsy (Figure 3). Amphoterisin B and posaconasol treatment were started. Hyperbaric oxygen treatment as adjuvant was commenced on the 30 days of antifungal treatments. Regression of fungal lesions were demonstrated by MRI (Figure 4). The patient is still on oral posaconasol treatment which is planned to continue for 1 year. He is followed up by neurologically for unilateral vision loss and facial paralysis.



Figure 1: Note the ptosis on the right eye and debil appearance of the patient.

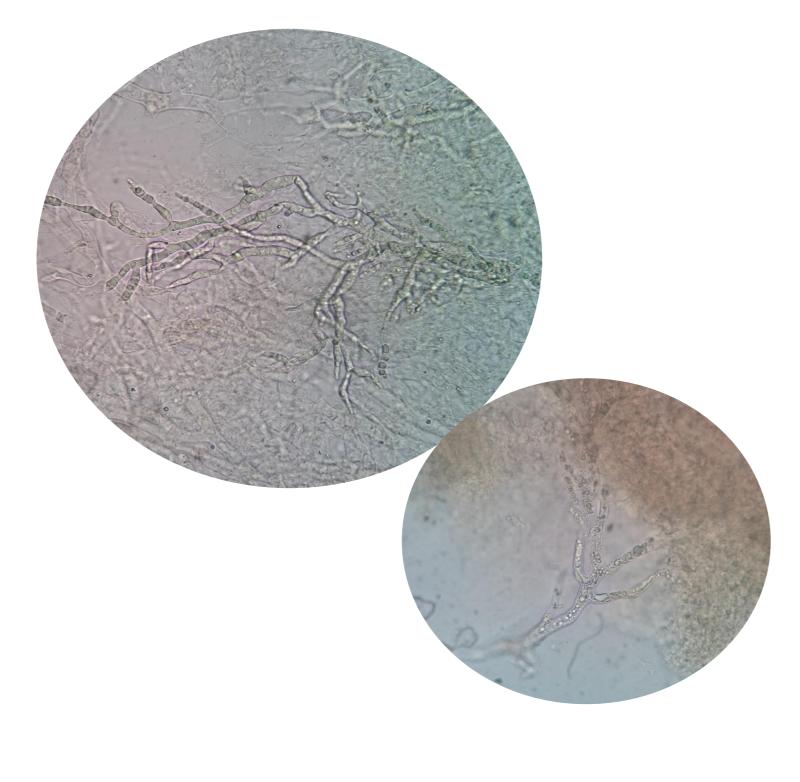


Figure 3: Specimen shows broad, infrequently septated, thin-walled hyphae.

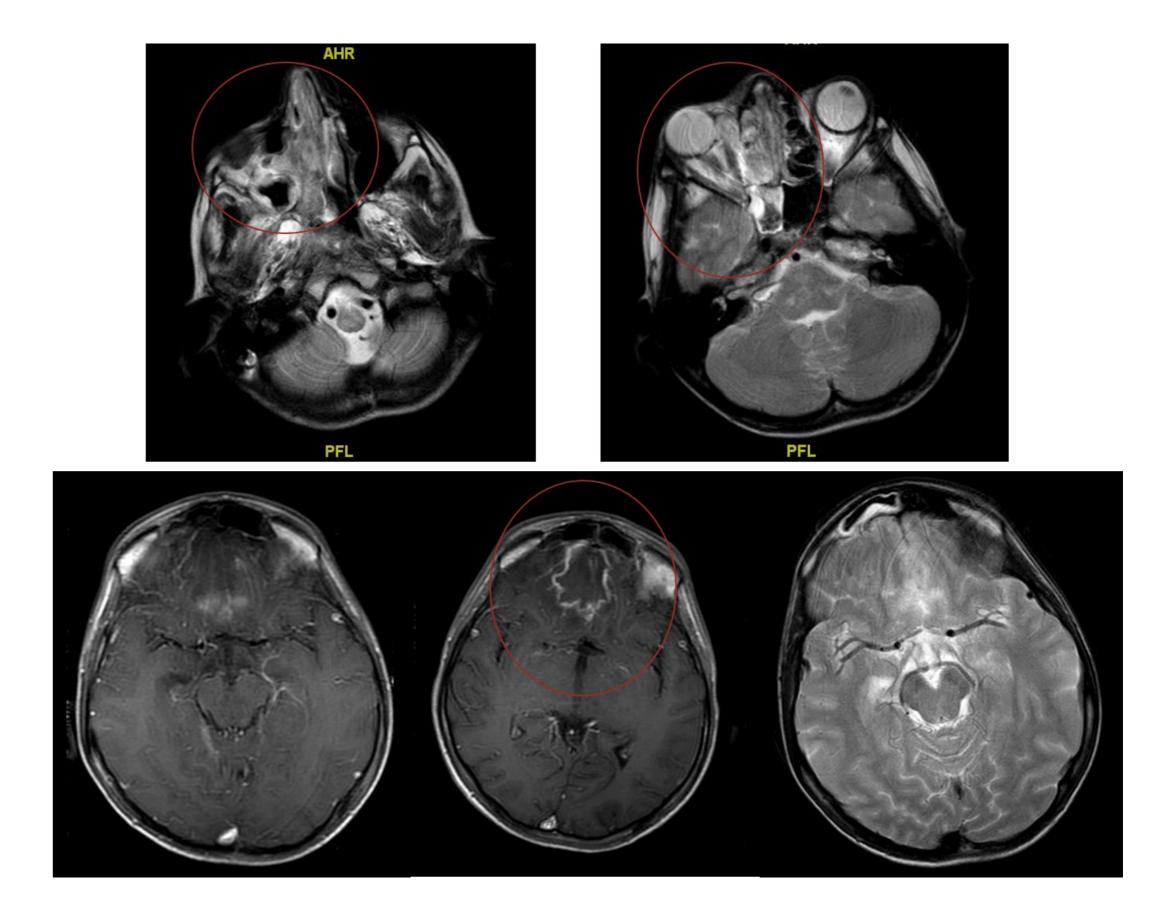
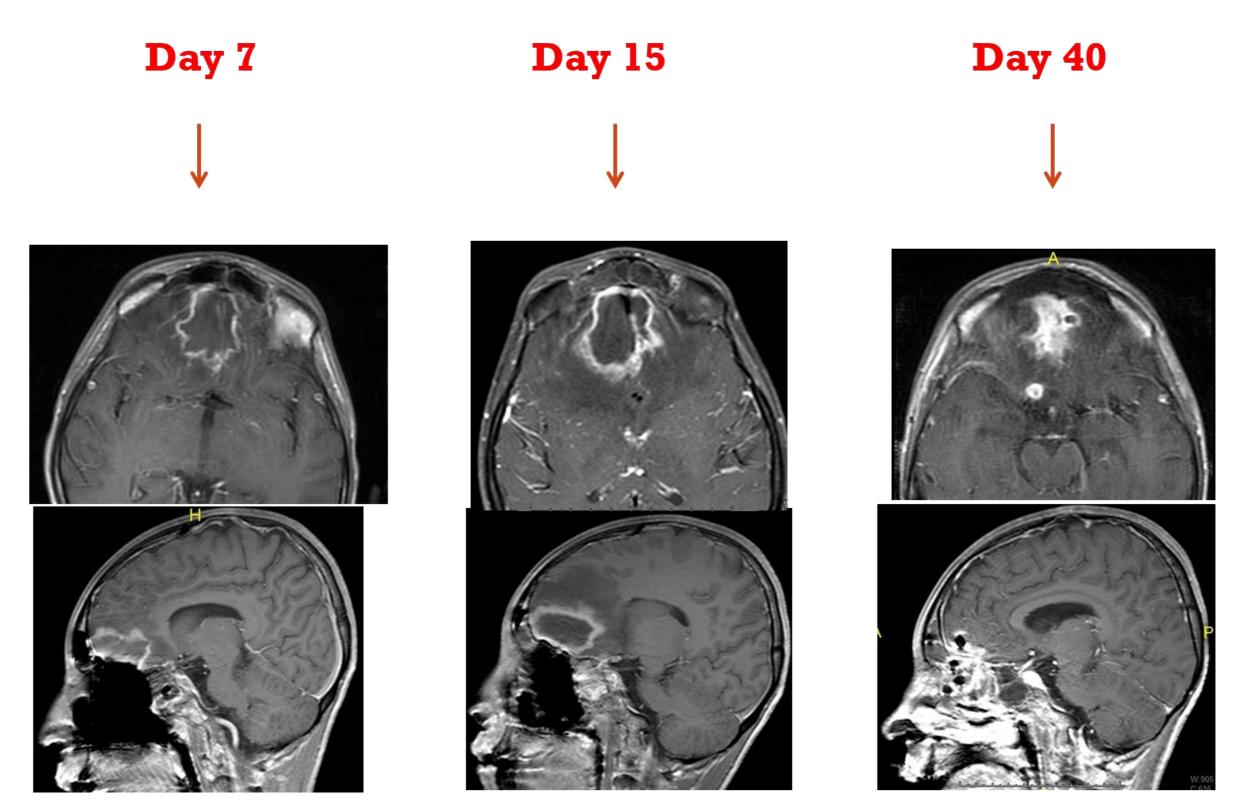


Figure 2: MRI shows fronthoethmoid fungal sinusitis, orbital cellulitis, frontobasal cerebritis and abscess formation



**Figure 4**: MRI shows regression of fungal lesions on the treatment of posaconasol and hyperbaric oxygen (after 10 days on the hyperbaric oxygen treatment).

### **Conclusion:**

It should be kept in mind that untreated or uncontrolled diabetes causes immune deficiency which is a risk for mucormycosis. Early detection and treatment of mucormycosis is very important to reduce morbidity and mortality.

### References

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