

	Vori Static	CAS Cidal	MICA Cidal and Biofilm activity	ANID Cidal
Liver	6.89mcg/gm ^R	16x specific transporters	1x	10x
Bile	Unknown	0.3x	150mg generates a biliary trough level of 1.9mg/ml ^R Cmax is likely higher Therefore: Cmax/MIC (1.9/0.12)= 15.83 which is more than required target of 1	No data available, used in a case report

P268
Laryngeal Mucormycosis: does mucor take the voice away?

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Objective: This case aims to highlight a unique presentation of Mucormycosis.

Methods and Results: A 57-year-old retired office supervisor, presented to the ENT department with complaints of hoarseness of voice ending with almost complete dysphonia over 6 months. There were no complaints of stridor, dyspnea or dysphagia. He had no history of prior surgery or tracheal intubation. On examination, a lesion over his right vocal cord was noted (Fig. 1) and underwent surgical excision of the lesion.

HPE of the lesion (Fig. 2) showed hyperplastic stratified squamous epithelium which was partly ulcerated and covered by thick bands of necro-inflammatory material. Within the necrotic material were seen broad aseptate fungal hyphae. Beneath the necrotic material was inflamed granulation tissue with fibrosis. No tissue or vascular invasion was noted as per the report, however there was a recurrence of the lesion after 15 days.

ID team opinion was sought in view of need for antifungals. Owing to financial constraints, CT chest could not be done, but his chest X-ray was normal. His HbA1c was 7.5%, which was suggestive of newly detected diabetes mellitus (DM).

In this case, even though no angioinvasion or tissue invasion was reported, the presence of hyphae in the area of necrosis, the presence of inflammatory local tissue reaction, coupled with newly detected DM, prompted the ID team to advise treatment with amphotericin B followed by suspension posaconazole (GR was not available at the that time). The patient was not willing for treatment at the time. However, local recurrence of the lesion occurred 2 weeks later. Surgical resection along with posaconazole, TDM and close follow-up was advised. However, the patient was lost to follow-up, possibly due to loss of confidence in us?

Conclusion: The importance of sending every surgically excised tissue for histopathology and culture has been highlighted by this case. Early ID opinion and AF therapy could have averted recurrence and loss of patient confidence. Chronic Granulomatous form of mucormycosis though rare, needs timely diagnosis and treatment in the form of surgical resection as well as systemic antifungal therapy.



