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Mucormycosis in Northwest Iranian cases with a history of delta COVID-19, a brief report

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Objectives: *Mucoral* fungi are the opportunistic organisms causing invasive or localized infections in persons with conditions such as diabetes mellitus, immune suppression, and corticosteroid therapy. During the recent surge of delta-type Coronavirus disease 2019 (COVID-19) in Iran, the rate of invasive mucormycosis considerably increased as a cluster in society. COVID-19-associated mucormycosis (CAM) emerged as a severe and life-threatening infection. The present report includes demographic, clinical and laboratory diagnostic information about newly emerged CAM in Northwest of Iran.

Methods: During three months, from August to October 2021, about 65 cases with clinical manifests suspected of mucormycosis and a history of recent severe COVID-19 and corticosteroid therapy with dexamethasone were studied. Clinical specimens obtained from sinuses and upper respiratory tract, transported to Clinical Mycology Center, UMS University, Urmia,

Iran for the detection of and molecular identifications of *mucoral* and other agents. Our subjects were the clinical specimens including 31 nasal biopsies, 24 paranasal sinus biopsies, 2 facial and palate biopsies, skin and sutures, one each. Also, two samples of broncho-alveolar lavage were used for investigating fungi in the respiratory tract.

Results: More than 52% of the patients were men and the most frequent age range was 50-60 years. Most frequent clinical specimens were sent from ENT wards and ICUs, 22 (33.8%) and 12 (18.5%) respectively. Among all confirmed cases of CAM, 18 (27.7%) suffered from a background of diabetes but 46 (70.8%) had no underlying diseases. Our findings of direct examination showed 55 (84.6%) *mucoral* elements. The suspected cases of CAM showed clinical manifests including acute sinusitis, rhino-sino-cerebral 25 (38.5%), rhino-sino-orbital 7 (10.8%), and sino-facial 3 (4.6%), involvements. The culture and identification resulted in *Rhizopus oryzae* as the most frequent isolate (44.6%) and *Candida* yeasts (albicans and non-albicans *Candida* species) 6.2%-7.7% respectively. *Aspergillus* species were detected 5 (7.7%) as well. A considerable number of cultures, 20 (30.8%) could result no growth for any fungi.

Conclusion: As a conclusion, delta-type Coronavirus causing a considerable increased invasive Mucormycosis in the recorded COVID-19 cases in the north west of Iran. Although, opportunistic *candida* and *aspergillus* were identified in lower frequencies as well.

Code	Clinical Specimen	Reference	Predisposing Factor	Clinical Manifest	Direct Examination	Culture Identification
2441	Nasal	ICU	Diabetes Mellitus	Sinusitis	Mucoral	<i>R. oryzae</i>
2152	Nasal	ICU	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2152	Nasal	ENT	None	Necrosis	Filamentous	<i>A. flavus</i>
2162	BAL	Pulmonology	TB	Infiltration	Yeast	<i>C. albicans</i>
2163	Sinus	Nephrology	Kidney Graft	Sinusitis	Mucoral	<i>R. oryzae</i>
2166	Nasal	Nephrology	Diabetes Mellitus	RSCerebral*	Mucoral	<i>R. oryzae</i>
2167	Nasal	Neurology	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2172	Nasal	Neurology	None	RSCerebral	Mucoral-Yst	<i>C. albicans</i>
2175	Nasal	Neurology	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2176	Nasal	ENT	Diabetes Mellitus	RSOrbital**	Mucoral	<i>R. oryzae</i>
2177	Nasal	Neurology	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2178	Nasal	Pulmonology	None	RSOrbital	Mucoral	<i>R. oryzae</i>
2183	Nasal	Pulmonology	None	RSCerebral	Mucoral-Yst	<i>Non alb Candida</i>
2184	Nasal	Neurosurgery	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2185	Nasal	Neurosurgery	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2189	Nasal	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2193	Nasal	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2198	Nasal	Neurosurgery	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2203	Nasal	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2209	Nasal	ENT	None	Sinusitis	Filamentous	<i>A. flavus</i>
2213	Palate	Surgery	None	NOral	Yeast	<i>Non alb Candida</i>
2215	Sinus	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2228	Sinus	Neurosurgery	None	RSCerebral	Mucoral	<i>R. oryzae</i>
2229	Facial	ENT	Diabetes Mellitus	SFacial	Mucoral	<i>R. oryzae</i>
2242	Sinus	ICU	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2243	BAL	Pulmonology	None	Dyspnea	Yeast	<i>C. albicans</i>
2244	Sinus	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2247	Sinus	Neurosurgery	Diabetes Mellitus	RSCerebral	Mucoral	<i>R. oryzae</i>
2251	Sinus	ICU	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2253	Sinus	ENT	Diabetes	Sino-Orbit	Mucoral	<i>R. oryzae</i>
2264	Nasal	Pulmonology	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2266	Sputum	ICU	None	Dyspnea	Yeast	<i>C. albicans</i>
2267	Sinus	Pulmonology	None	Sinusitis	Filamentous	<i>A. flavus</i>
2274	Nasal	Neurosurgery	None	Sinusitis	Mucoral	<i>A. niger</i>
2277	Nasal	ICU	Diabetes Mellitus	Sinusitis	Mucoral	<i>R. oryzae</i>
2283	Sinus	ENT	None	Sinusitis	Mucoral	<i>Non alb Candida</i>
2292	Sinusitis	Neurosurgery	None	SFacial	Mucoral	<i>R. oryzae</i>
2294	Sinus	ENT	None	Sinusitis	Yeast	<i>Non alb Candida</i>
2304	Nasal	Neurosurgery	None	RFacial***	Mucoral	<i>R. oryzae</i>
2306	Sinus	ICU	None	Sinusitis	Yeast	<i>Non alb Cand</i>
2319	Nasal	ENT	None	Sinusitis	Mucoral	<i>R. oryzae</i>
2320	Sinus	ENT	None	Sinusitis	Mucoral	<i>No groth</i>
2322	Skin	Infectious	None	Ulcer	Mucoral	<i>R. oryzae</i>