

Successful treatment of suspected mucormycosis with orbital complication

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ABSTRACT

Orbital complication of sinusitis needs ophthalmological exam because it could induce permanent visual loss. If the disease becomes worse rapidly in diabetes mellitus (DM) or immunosuppressive state, mucormycosis must be considered as differential diagnosis. We present the case of patient with rapidly progressing orbital cellulitis. An 80-year-old woman patient with uncontrolled DM was admitted to the emergency room for ocular proptosis and fever lasted for two days. Nasal endoscopy showed injection on middle turbinate and necrotic mucosa around middle meatus with blackish debris. Right eye vision was already lost, ophthalmologist considered her vision would not be returned permanently. CT image showed paranasal sinusitis and soft tissue lesion of right medial orbital area without abscess. There were no abnormalities of cavernous sinus and brain in enhance magnetic resonance imaging (MRI). Clinical findings like DM, acute aggravation and endoscopic findings were similar to that of mucormycosis. After careful consultation with ophthalmologist about orbital exenteration, we decided the emergency endoscopic sinus surgery using antifungal agent only, without orbital operation. After operation, IV maxipime 4g/day, IV metronidazole 1500mg/day and IV amphotericin B 25mg/day were administered with DM control. From the next day, proptosis and visual acuity were improved gradually. Two days after surgery, the pathology of nasal mucosa confirmed as acute inflammation with necrosis. There were no fungal organisms in methenamine silver stain. Therefore, we stopped Amphotericin and added oral prednisolone 60mg/day. Twelve days after surgery, the patient's vision was improved as much as before, and she discharged with cefditoren 400mg/day, prednisolone 30mg/day per week. The most important thing in this case is, even though the patient had visual loss for two days, she regained eyesight by emergency sinus surgery. If you think mucormycosis as differential diagnosis, it is important to establish a treatment plan quickly before pathology was confirmed. However, if you are planning orbital exenteration, you should consider it very carefully.

Isolated congenital anosmia

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ABSTRACT

Congenital anosmia is commonly described in conjunction with various developmental abnormalities and has been reported to be familial. Congenital anosmia as an isolated defect in a single-family member is extremely rare. We described a case of a 5-year-old child with isolated congenital anosmia.