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Black in White

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Abstract

India has been dealing with double blow of Covid 19 and mucormycosis. Rhino-orbital-cerebral mucormycosis is an invasive disease associated with high mortality. Mucormycosis is associated with angio-invasion and high mortality. It is being reported increasingly in India in patients recovering from covid as a post covid sequeale. The most common types of infection affected the sinuses [39%], lungs [24%], cutaneous [19%] and disseminated forms- Brain [9%], Gastro intestinal tract [7%] and other sites [6%].Mucormycosis is most commonly seen in patients with uncontrolled diabetes mellitus. Affection of lymph node is very rare. Early identification and diagnosis helps is appropriate management and better care for the patient.

Keywords: Mucormycosis, Covid 19, Diabetes mellitus.

Introduction

India has been dealing with double blow of Covid 19 and mucormycosis. Rhino-orbital-cerebral mucormycosis is an invasive disease associated with high mortality. Mucormycosis is seen as post covid sequelae in many patients recovering from covid. Rhino orbital cerebral [39%] and pulmonary [24%] are the most common manifestations of mucormycosis. Affection of lymph node is very rare. One such case was seen affecting cervical lymph nodes. [1]

Case Report

A 29 year old male patient presented with complaints of swelling of left eye, blurring of vision, headache and excess lacrimation since 15 days. Patient had history of covid positive pneumonia 2 months ago (RT PCR positive status on 21/4/21) and was treated symptomatically. Patient had developed new onset type 2 Diabetes mellitus as a post covid sequeale since 1 month. On examination patient had developed left lower motor neuron facial palsy. Patient was

hemodynamically stable. MRI of paranasal sinus revealed left rhinorbital mucormycosis and patient subsequently underwent surgical debridement and left orbital decompression.

Figure 1: Gross appearance of enlarged lymph nodes PC: image reproduced with the permission of patient

Patient noticed swelling in left side of the neck in the 2nd week of admission. On examination, left side of the neck showed palpable tender upper cervical lymph nodes with redness over skin. Patient was evaluated further with Ultrasound of neck, which revealed few subcentrimetric lymph nodes in left upper, mid jugular and left submandibular region, largest measuring 9.4mm in left submandibular region with preserved hilar architecture, hyperechoic surrounding tissue. Blood investigations revealed elevated ESR – 40 and CRP-87. 44. Contrast enhanced CT of neck confirmed the findings with enlarged lymph nodes with central necrosis and peripheral enhancement.

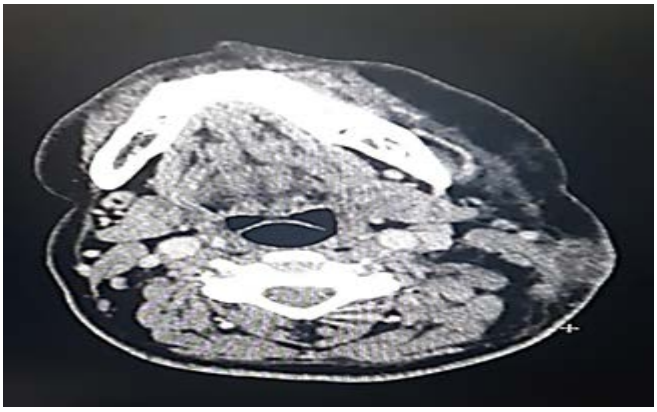


Fig. 2: Contrast enhanced CT neck showing enlarged cervical lymph nodes with central necrosis and peripheral enhancement.

This suggested of abscess and patient was subsequently sent for fine needle aspiration of lymph node under ultrasound guidance. FNAC surprised us with many aseptate fungal hyphae branching at right angles, PAS stain positive for fungal hyphae, epitheloid cell granuloma and giant cells.

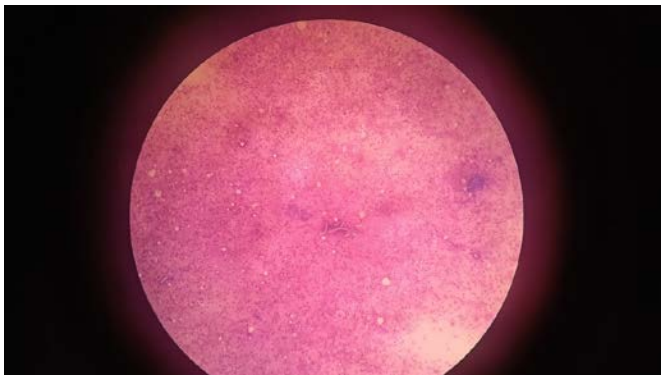
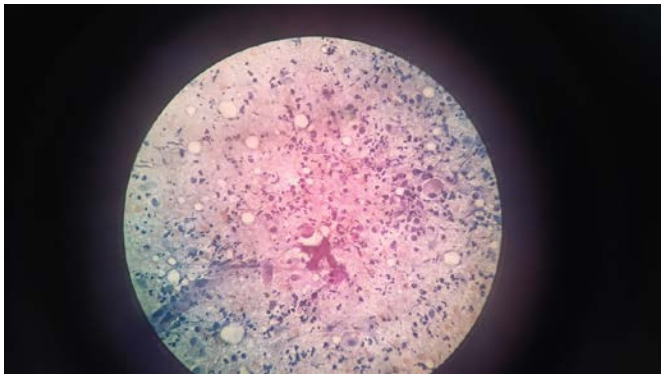


Fig.3 Histopathology showed broad non-septate fungal hyphae with morphology suggestive of mucormycosis- The characteristic hyphae of Zygomycetes, which were broad, ribbon-like and predominantly aseptate with wide-angle branching [2]



Patient was subsequently planned for excision biopsy of lymph node. Biopsy report confirmed the diagnosis of lymph node mucormycosis. Hence the patient was diagnosed with invasive neck mucormycosis. Patient was treated with i.v amphotericin B and subsequently improved. Patient was then discharged with oral Posaconazole therapy.

Discussion

Lymphadenopathy refers to nodes that are abnormal in size, consistency or number. While approaching a case of lymphadenopathy proper history and physical examination may give the diagnostic clues [3]. Localized lymph node enlargement should prompt a search for an adjacent precipitating lesion and an examination of other nodal areas to rule out generalized lymphadenopathy.Infection is the most common cause of cervical lymphadenopathy[4].Lymph node involovement is unusual in mucormycosis and only few cases have been reported in patients without predisposing risk factors. Invasive fungal disease is characterized by insidious onset and non-specific symptoms.neglect can lead to life threatening complications. Hence early diagnosis and initiation of treatment is the key in management[5].

Conclusion

This is uncommon presentation in Mucormycosis . Early recognition and interdisciplinary management is crucial in these cases.

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