Department of Medical Education
Himalayan Institute of Medical Sciences
Swami Rama Himalayan University
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HIMS/DME/2024/196 Date: 25.07.2024

Clinical Death Review

Date : 27.07.2024 **Time : 03:30 PM – 04:30 PM**

Day : Saturday **Venue: HLT-2, Charak**

Moderator: **Dr. S.S.Bist (Professor and Head, Department of ENT)**
Presenters: **Dr. Ekaparnika Joshi, Junior Resident (Dept of Medicine)**
Dr. Prerana Choudhury, Junior Resident (Dept of ENT)
Dr. Priyanka, Junior Resident (Dept of Ophthalmology)

Abstract:
Mucormycosis is an opportunistic fungal infection of the zygomycete family that can cause various types of infections. In most cases, there exist underlying conditions especially in immunocompromised hosts (e.g., those with hematological malignancies, organ transplantation, neutropenia, autoimmune disorders, or other impairments in immunity) that predispose the hosts to the infection. As the fungi responsible are typical environmental organisms, they are usually non-pathologic in immunocompetent individuals. In immunosuppressed patients, however, these otherwise innocuous organisms can become a devastating and difficult-to-treat opportunistic infection. There are several clinical forms of infection: pulmonary, gastrointestinal, cutaneous, encephalic, and rhino-cerebral. In developing countries, most cases of mucormycosis occur in persons with poorly controlled diabetes mellitus or in immunocompetent subjects following trauma. Mucormycosis exhibits a marked propensity to invade blood vessels, leading to thrombosis, necrosis, and infarction of tissue. Mortality associated with invasive mucormycosis is high (> 30-50%), with 90% mortality associated with disseminated disease. Mucormycosis can progress rapidly, and delay in initiation of treatment by even a few days markedly worsens outcomes. The key to treatment is early and aggressive surgical debridement, along with high doses of intravenous antifungal therapy.

In current Clinical death review (CDW), we plan to present the case of a 68 years old lady, who presented to Emergency dept. of Himalayan Institute of Medical Sciences on 14 April 2024 and subsequently was diagnosed as a case of Diabetic ketoacidosis. On further evaluation, patient was also diagnosed with diabetes associated left rhino-orbital mucormycosis. She had undergone management of diabetic ketoacidosis and Left sino-nasal endoscopic surgery and left eye exenteration followed by intravenous antifungal therapy with amphotericin B but despite the best possible efforts, the patient, unfortunately, could not survive.

All Faculty & Post Graduate Residents are required to attend the CGR.s

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