INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CLINICAL CASE REPORT: FATAL ABDOMINAL WALL MUCORMYCOSIS IN A PATIENT WITH ACUTE MONOCYTIC LEUKEMIA

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Background: Mucormycosis is an infection caused by filamentous fungi, frequently Rhizophus, Lichtheimia and Mucor spp. These agents cause angiotropism that leads to tissue necrosis and a broad spectrum of clinical manifestations with high mortality rates in immunosuppressed patients. Exclusively cutaneous forms have 15% of mortality while disseminated forms can reach 60%. We report a case of a patient recently diagnosed with acute monocytic leukemia that developed a severe abdominal wall infection by Rhizophus.

Observation: A 66-year-old man, referred a progressive, painful, supra umbilical lesion 30 days prior hospitalization. The lesion started as an ulcer with surrounding vesicles and rapidly progressed to almost all extension of the anterior abdomen, with necrotical areas.
Dermatological examination revealed a plaque with infiltrated, hardened and violaceous edges and necrotic center involving the anterior abdominal area and right flank. There were no signs of palpable lymphadenopathy.
In laboratory investigation, there was intense leukocytosis with blasts and atypical cells in peripheral blood analysis. Immunophenotyping was performed and confirmed the diagnosis of acute monocytic leukemia.
The skin biopsy presented a chronic inflammatory process with suppuration, large hyphae and spores. The culture exhibited growth of Rhisopus spp. Chest tomography suggested fungal lung infection.
Amphotericin B was introduced and surgical debridement was not adequately performed due to the thrombocytopenia and the declining clinical status of the patient. The patient developed respiratory distress and died due to septic shock.

Key message: Mucormycosis is a potentially severe condition responsible for the third leading cause of invasive fungal infection in immunocompromised patients. Among patients with haematological malignancies, the greatest risk is in patients with acute myeloid leukemia.
In view of the difficulty in diagnosing cutaneous mucormycosis, the necessary multidisciplinary treatment, and often the delay in starting treatment, we emphasize the relevance of this case report in alerting about this important affection.