Mucormicosis endobronquial, 
una presentación atípica

Endobronchial mucormycosis, a rare presentation

CASE REPORT

Mucormycosis is a rare, opportunistic and life-threatening fungal infection that mostly affects immunocompromised patients such as diabetic and transplant patients.

It is usually caused by fungi of the order Mucorales. Rhizopus and Mucor are the most common responsible microorganisms. It’s a systemic pathology that manifests in the form of different clinical syndromes with rhino-cerebral, pulmonary, gastrointestinal, central nervous system, subcutaneous involvement and the disseminated form.

We present the case of a 50-year-old patient with type 2 diabetes with poor metabolic control (22% HbA1c) presented to the Emergency Department with disorientation, adynamia, drowsiness and fever with two days of evolution. Upon observation, the patient was polyneic (respiratory rate 23 cpm) and with depressed state of consciousness (GCS 11). Arterial blood gas analysis revealed severe metabolic acidemia (pH 6.9 and HCO₃ 3,1 mmol/L). Blood analysis revealed leukocytosis (28.000 cells/ul) with neutrophilia (18.000 cells/ul), CRP 17 mg/dL, blood glucose 664 mg/dL, ketonemia 4.2 mg/dL and creatinine of 1.44 mg/dL. Influenza B test turned out to be positive. Chest radiography demonstrated consolidation in the lower third of the left pulmonary field. The diagnosis of diabetic ketoacidosis was admitted in a patient with Influenza B and bacterial overinfection. The patient started insulin therapy with glycemic control and resolution of ketoadsisis.

He completed therapy with oseltamivir, ceftriaxone and clarithromycin, however, the patient maintained the fever and elevated inflammatory parameters. Blood cultures turned out negative. Chest CT revealed consolidation with air bronchogram in the left lower lobe and mild left pleural effusion. In this context, a bronchofibroscopy was performed, which revealed white plaques adhering to the mucosa of the left main bronchus and left upper and lower lobar bronchi suggestive of fungal infection. Multiple endobronchial biopsies were performed and revealed multiple large septate hyphae with necrosis and angioinvasion suggestive of mucormycosis.

The patient started anti-fungal therapy with isovuconazole (200mg tid in the first 48h and then 200mg once daily) with significant clinical and radiological improvement. He was discharged with the indication to maintain antifungal therapy for 6 weeks and repeat chest CT after completing therapy.

REFERENCES
2. Benoit P, Alexandre A, et al., Recent advances in the understanding and management of mucormycosis, review article, 2018

Palabras clave: mucormicosis, infección fúngica, diabetes.
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