

A RARE CASE OF SPINE MUCORMYCOSIS IN CHRONIC HEMODIALYSIS PATIENT-CASE REPORT

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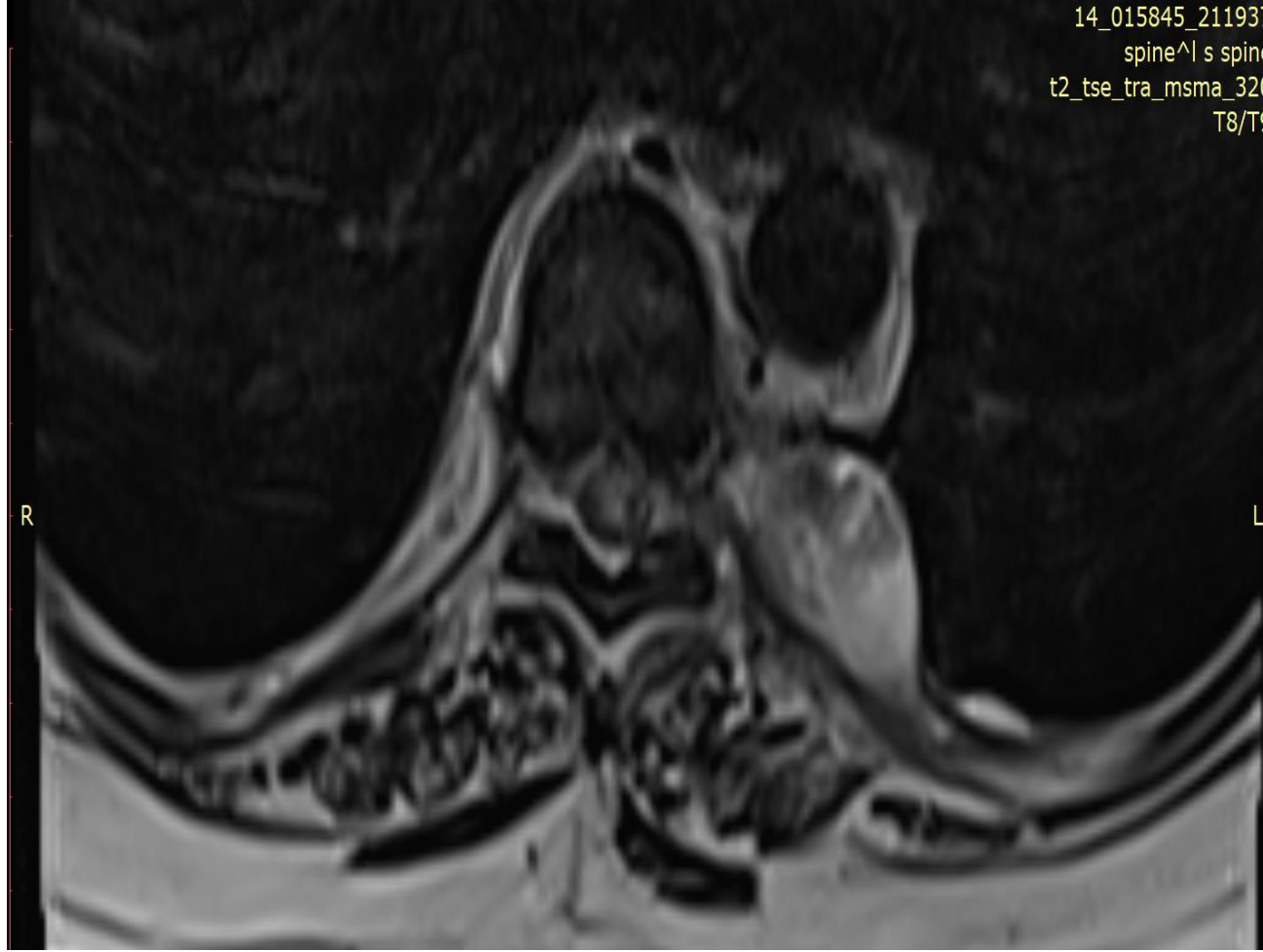
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INTRODUCTION

- Infection is the most important cause for morbidity and mortality among chronic dialysis patient.
- Access related infection are more common in dialysis patient followed by non -access related infection.
- Fungal infection like mucormycosis affecting spine is extremely rare.
- Here we report a case of spine mucormycosis in chronic hemodialysis patient.

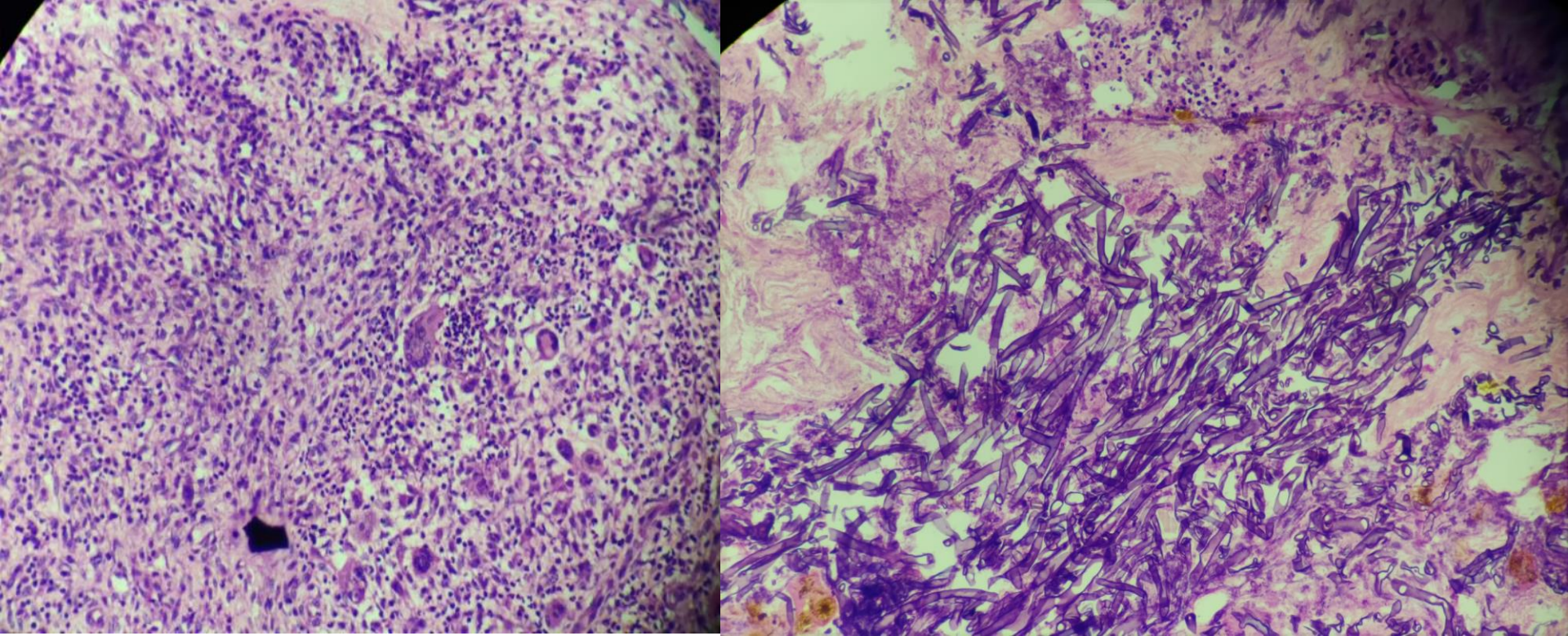
Case details

- A 53 year old female who is known case of Diabetes, Hypertension, ESRD on thrice weekly maintenance hemodialysis for 7 years had presented with back pain for 1 month.
- Patient had recent history of viral pneumonitis (Covid-19 PCR was negative) 2 months back, which was treated.
- As patient had severe back pain in thoracolumbar region which is not improved with medication, further workup was done.



MRI spine was done which showed heterogeneous soft tissue seen in the prevertebral and paravertebral location from D8 to D10 vertebral level and infiltration of spinal cord from D8-D10 vertebra with cord expansion.

- Provisional diagnosis of infective spondylodiscitis was made with following possibilities
 - 1)Tuberculous,
 - 2)Pyogenic vertebral osteomyelitis
 - 3)Fungal infection.
- Neurosurgery opinion obtained and she underwent D8-D10 Laminectomy with spinal stabilization and spine tissue was sent to histopathological examination



Biopsy was showing subacute necrotising inflammation with osteomyelitis and features suggestive of invasive zygomycosis (mucormycosis).

- She was treated with Inj. Amphotericin (10mg/kg/day) and Tab.Posaconazole 200mg 1-0-0
- Her symptoms were improving.
- But during the course of treatment she had acute MI followed by sudden cardiac arrest and she expired.

DISCUSSION:

- Spine spondylodiscitis due to Mucormycosis in chronic hemodialysis patient is rare and scarcely described in literature.
- It causes fulminant infection in immunocompromised patients.
- The clinical manifestation is highly varied involving rhinocerebral, pulmonary, cutaneous, gastrointestinal, central nervous system (CNS), disseminated and miscellaneous syndrome.
- Treatment of Mucorales is multimodal involving antifungal therapy ,surgical debriement and correction of the underlying tissue.

Conclusion

- The infections at unusual sites can increase, especially in chronic hemodialysis patient.
- High vigilance in diagnosing and initiating early treatment may improve the morbidity and mortality in these patients.

Reference

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