ABSTRACT This paper presents images of radical orbital exenteration post rhino cerebral mucormycosis of orbit. Rhinocerebral mucormycosis is a devastating, rapidly progressive and often fatal opportunistic fungal infection primarily affecting people with underlying metabolic or immunological impairment. Intracranial extension of this disease is associated with high mortality. Exenteration is a mutilating procedure but can be lifesaving.

KEYWORDS Maxillectomy, Orbital exenteration, Rhinocerebral mucormycosis

Case report

A 55 years-old-male patient reported the loss of the left eye (Figure 1a). The patient gave a history of Covid positive 2 years back, and due to the severity of the infection, he underwent inhalational oxygen therapy for 15 days and IV corticosteroids (methylprednisolone 40 mg every 12 hours for 1 week). Subsequently, he developed ulceration and pain in the left maxillary palatal region, which rapidly extended to left paranasal sinuses and left orbit. The diagnosis of mucormycosis was confirmed histologically from the nasal tissue specimen. The extent of the disease was assessed radiologically with computerized tomography (CT) and magnetic resonance imaging (MRI). The CT image showed a mass lesion occupying the left paranasal sinuses and orbit. The patient was treated with left radical orbital exenteration. The patient reported to the department 3 months after the surgery. Intra-oral examination revealed hemimaxillectomy leading to oroantral and oronasal communication. In addition, a considerable portion of the nasal septum and part of the inferior nasal conchae was visible. On palpation, the defect was considerably soft and non-tender. Clinical examination of orbit revealed Type IV orbital defect (Extended orbital exenteration with orbitomaxillary defect) (Figure 1b).

Discussion

Rhinocerebral mucormycosis is the most common clinical manifestation of the infection caused by Mucorales fungi. It initially presents with symptoms consistent with either sinusitis or periorbital cellulitis. With progression, the disease spreads from the ethmoid sinus to the orbit, resulting in chemosis, ophthalmoplegia, and proptosis.[1] Reports of orbital involvement in rhinocerebral mucormycosis range from 66 to 100 percent.[2]

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Conflict of interest

There are no conflicts of interest to declare by any of the authors of this study.
References
