

CASE REPORT

Gastric Mucormycosis: Case Report

Mukul Rastogi,¹ Rakesh Kumar Jagdish^{2*}

¹*Department of Hepatology, Gastroenterology and Liver Transplant, Fortis Hospital, Noida*

²*Department of Hepatology and Gastroenterology and Liver Transplant, Metro Hospital, Noida*

Corresponding Author: Rakesh Kumar Jagdish, Department of Hepatology, Gastroenterology and Liver Transplant, Fortis Hospital, Noida, India. E-mail: dr.rkj.kapil@gmail.com

Received: October 29, 2022 **Published:** November 14, 2022

Citation: Rakesh J. Gastric Mucor mycosis: Case Report. Int J Complement Intern Med. 2022;2(1):65–66.

Copyright: ©2022 Jagdish. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Abbreviations

AST: Aspartate transaminase, ALT: Alanine transaminase, TLC: Total Leukocyte Count, DM: Diabetes mellitus, HTN: Hypertension, INR: international normalized ratio, SAIO: Sub-acute intestinal obstruction, GI: Gastro intestinal

Keywords: Mucormycosis, Gastric Ulcer, Fungal Ulcer, Stomach Infection

Objective

To report a Rare Case report of Gastric Mucormycosis. Mucormycosis is an opportunistic invasive fungal infection with very high mortality. Gastrointestinal mucormycosis is very rare entity. Stomach is most common site, followed by colon and then ileum. Common predisposing risk factors for this are uncontrolled diabetes, post organ transplantation, malignancy, and major trauma. Radiological investigations are nonspecific and endoscopically one should have high suspicion of this, and ultimate diagnosis is by tissue biopsy.

Methods and Case Discussion

We have encountered two unusual cases of gastric mucormycosis, with fatal outcome. First case was of 33-year male patient, he was post liver transplant for 3 years, but has recidivism. He was admitted with generalized weakness in the last 1 week and jaundice since 2 month, fever off and on since 4 days, altered behavior of 2 days duration, came in gasping condition to emergency, and was intubated. He had recidivism, despite on de-addiction medications. He was evaluated and found to have severe sepsis with grossly deranged liver function, (Bilirubin 12.3mg/dL, AST 75U/L, ALT 112U/L, INR 2.5, TLC 15.6/ μ L, Haemoglobin 10g/dL, Platelets 169/ μ L $\times 10^3$) his cultures showing staphylococcus, he initially recovered, extubated and then shifted to ward. Then he developed melena, upper gastrointestinal endoscopy showed large

fungul ulcer mimicking as gastric mass with black base, biopsy of which showed fungal hyphae, with necrotic material suggestive of invasive mucormycosis and colonoscopy was normal. His GI bleed was controlled. He developed worsening of his sensorium and clinical deterioration, despite on dual antifungals (Amphotericin B and Isavuconazole) and broad-spectrum antibiotics, he developed reffactory septic shock, with multiple organ failure, and succumbed to his illness. Our second case was a 70-year-old male, with DM /HTN was admitted with bilateral pneumonia, was intubated and on ventilator and also had sub-acute intestinal obstruction (SAIO). He had hematemesis, for which endoscopy was done which showed a fundal ulcer and biopsy was suggestive of invasive mucormycosis. He did not respond to broad spectrum antifungals and succumbed to his illness.

Result

Gastric mucormycosis is a rare event and very fatal outcome, despite broad spectrum anti-fungal treatment. Both our patients had fatal outcome. Endoscopic Images shown below.

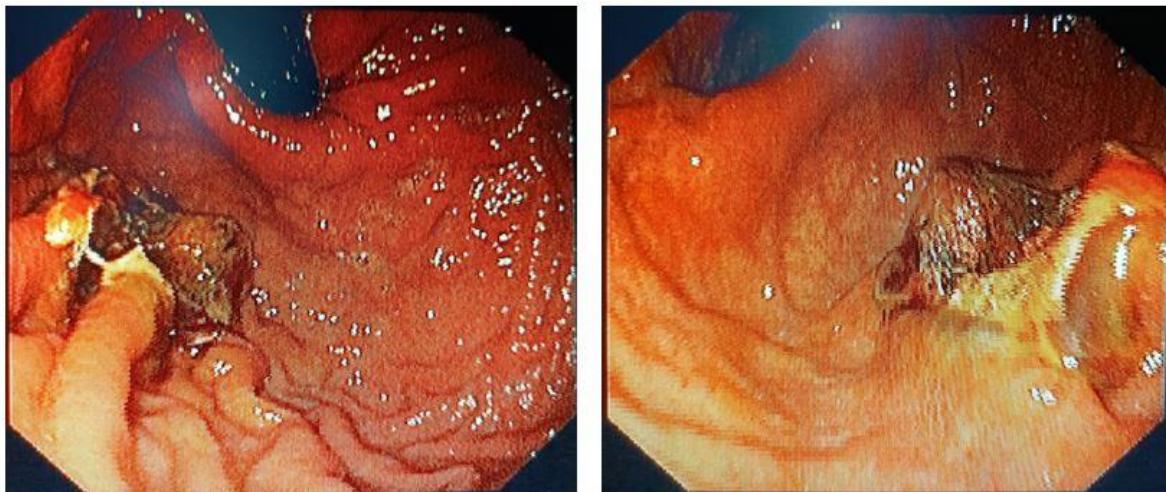


Figure 1. Endoscopic Images: Showing Fundal fungal Gastric Ulcers.

References

1. Spellberg B. Gastrointestinal mucormycosis: an evolving disease. *Gastroenterol Hepatol*. 2012;8(2):140–142.
2. Kulkarni RV, Thakur SS. Invasive Gastric Mucormycosis-a Case Report. *Indian J Surg*. 2015;77:87–89.

Only few case reports are available in literature.^{1,2}

Conclusion

Gastric Mucormycosis is a rare entity with high mortality, can mimic mass, ulcer, and can present with GI bleeding , high index of suspicion and early treatment (medical and surgical) should be considered.

Author Contribution

Both authors contributed to this manuscript equally.

Competing Interests

None.

Funding received

None.