

CLINICAL IMAGE

A POST COVID- 19 CATASTROPHE

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Mr H R, 71 years, diabetic, hypertensive patient was diagnosed as Covid 19 on late of March 2021 and was admitted in a tertiary care hospital with hypoxia. He was on High flow nasal canula (HFNC) from 6/4/21 to 8/5/21. From 9.5.21 he is on Nasal canula and not requiring more than 1L/m. He got Inj Dexamethasone for last one month and it has been

switched to Oradexon 1g day and tapering gradually. His Diabetes was uncontrolled all through the treatment course. Now for last one week he developed new onset mucus discharge from nose with stuffiness followed by frank epistaxis. His nasal cavity is shown in Fig 1 and a 3D reconstruction CT scan of face is shown in Fig 2.

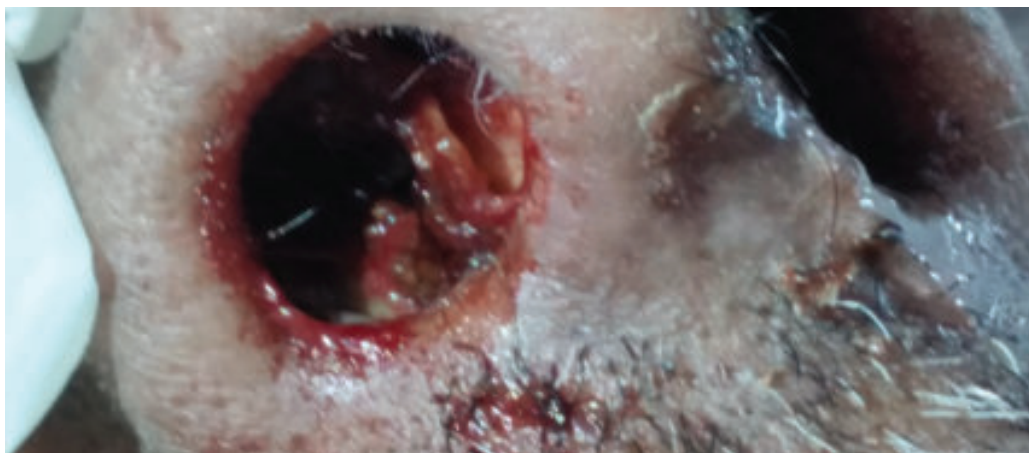


Fig.-1: Nasal cavity on rt side revealed blackish lesion and exudative pus with necrotic tissue in sinuses

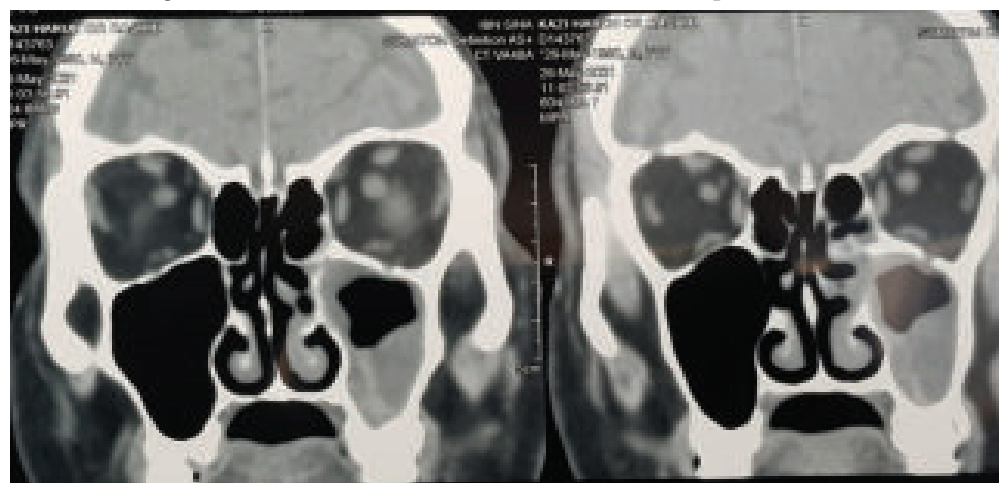


Fig.-2: 3D reconstruction of face showed the sinus involvement of extensive area of involvement

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Necrotizing cellulitis changes were noted in facial muscles and premaxillary fat in addition to findings seen in nasal cavity¹ (Fig 1). CT scan showed polypoidal mucosal thickening and hyperdense foci within Rt maxillary, ethmoid, and sphenoid sinuses and sinus wall erosions². Imaging helps in diagnosis of Rhino Orbito Cerebral Mucormycosis (ROCM) to evaluate the extent of disease plays a crucial role in early diagnosis and timely intervention. In recent pandemic situation of COVID-19 which is now creating havoc in India, many cases of such incidence were found where CT scan demonstrates nodular mucosal thickening with absence of fluid levels and hyperdense content leading to erosions of bony sinus walls³. Nasal discharge wet preparation with 10% KOH revealed non septate branching irregular broad hyphae consistent with mucormycosis.

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