



Mucor suggestive
microscopy [1, 2]

OR

Hollow organ perforation
in immunosuppression

OR

Inverse halo sign in
CT [1]



suspected mukormycosis is a medical emergency

Microbiology

- (Direct-) microscopy with optical brightener (eg Blankophor)
- Panfungal PCR
- Mucorales PCR
- Species identification
- Susceptibility testing

Pathology

- Silver staining („GMS stain“)
- Hyphal width in μm
- Invasiveness

Treating department

- Consult Infectious Disease Service
- Liposomal amphi B 10 mg/kg KG [1]
- Consult appropriate surgical services

Surgery

- Strive for R0 resection
- Tissue sample (swabs are less reliable) for microbiology lab (Request: „**Emergency! Suspected Mucor**“; with exact anatomical location)
- Tissue samples for pathology lab
- Rapid transport

Pharmacology

- TDM in serum for isavuconazole or posaconazole;
- if applicable, ascites, pleural effusion, CSF, other liquids

ID consult

Immediate high-dose therapy indicated

References

- [1] Cornely OA Global Guideline Mucormycosis. *Lancet Infectious Diseases* 2019
 [2] Donnelly JP Revision of the Consensus Definitions for IFD from the EORTC/MSG. *Clin Infect Dis* 2019
 [3] Tacke D Our 2014 approach to mucormycosis. *Mycoses* 2014



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