



TREATMENT AND NURSING CARE OF MUCORMYCOSIS IN PAEDIATRICS: A CASE REPORT

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BACKGROUND AND IMPORTANCE:



Mucormycosis is a **serious fungal infection** characterized by a **fast invasion**, especially in **immunocompromised** people. Rhino-orbital cerebral involvement manifests with:

Edema**Periorbital cellulitis****Sinusitis**

Frequently requires combined **treatment**

Endovenous therapy

Topical therapy

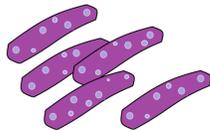
Surgery

AIM AND OBJECTIVES:

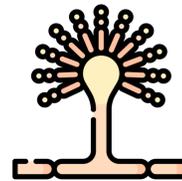


Explaining the **therapeutic approach** and **evolution** of a **very severe lesion** with deep **necrosis** in the right Nostril of a **paediatric critical patient**, with rapidly progression and infected by:

Acinetobacter Baumannii
extremely multidrug-
resistant (ABXDR)



Aspergillus niger



Rhizopus arizus



MATERIAL AND METHODS:



13-years-old patient with **Atypical Hemolytic Uremic Sd.** with a **deep necrotic lesion** in the **right nostril**.

Combined therapy with:

- **Isavuconazole**
- **Amphotericin B (liposomal)**
- **Meropenem**
- **Nebulized colistin**

Throughout the hospitalization, the wound was closely monitored performing smears to detect microbial growth.

Targeted therapy:



Debridement surgery



Amphotericin B deoxycholate 0.15% and colistin 0.5% gels in hydrogel base prepared as a sterile extemporaneous preparation (3PC-021) in the pharmacy department.



Topical dressings with:

Sodium hypochlorite fomentation (Microdacyn[®]) and **Bacteriostatic gel-based mesh** (Cutimed Sorbact[®]) every 24h.

RESULTS:



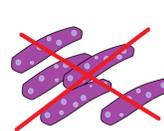
Clinical Outcomes were:

A rapid wound reduction with 80% granulation



After a month, the patient was discharged from the unit.

Negative microbial cultures after 28 days of continuous treatment



CONCLUSION AND RELEVANCE:



Rhino-orbital mucormycosis is a very serious condition that **requires specific targeted treatment** and the **nursing care, surgery and pharmacy involvement** as a team are essential.