

# MUCORMYCOSIS INDUCED BY INAPPROPRIATE USE OF ORAL CORTICOIDS – A CASE REPORT.

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## BACKGROUND:

**Mucormycosis:** invasive and opportunistic fungal infection that occurs almost exclusively in immunosuppressed patients → high morbidity and mortality.

Use of long-term steroids → immunosuppression → INFECTIONS.

The errors of therapeutic compliance are one of the possible causes of long-term treatment with corticosteroids.

## PURPOSE:

To discuss through a clinical case the consequences of an error in compliance with corticosteroid therapy.

## MATERIAL AND METHODS:

Observational, retrospective and descriptive case report of a patient diagnosed with mucormycosis due to inappropriate use of corticoids. The data were obtained by review of the Electronic Clinical History (JARA<sup>®</sup>) and the Pharmacy Service Managing Software (FARMATOOLS<sup>®</sup>).

## RESULTS:

- 47 years old man
- Clinical history of arterial hypertension, dyslipemia, morbid obesity, smoker and alcoholic habits.
- August 2018: Acute subdural hematoma → the doctor prescribed Dexamethasone 4 mg every 12 hours, descending gradually.
- Patient's misunderstanding → he kept the same medication dose (8 mg Dexamethasone daily) 50 days.
- November 2018: the patient was admitted to hospital with acute hepatitis, necrotizing fasciitis in the right lower limb after trauma and intense palate pain.
- Diagnosis: bacterial infection and **rhinosinusal mucormycosis** (*Rhizopus* spp.) secondary to immunosuppression due to continued dose of corticosteroids.
- Empirical treatment: liposomal Amphotericin B, Isavuconazole, Daptomycin, Amikacin and Clindamycin.
- Nine days after hospital admission the patient died due to multiorgan failure.



## CONCLUSION:

The main cause of the development of mucormycosis comes from a medication error in the corticosteroid therapy compliance. It is important to highlight the need to enhance pharmacotherapeutic monitoring, information and education for patients with the aim of improving therapeutic compliance.

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