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Immunological correlation with clinicopathological aspects of fungal rhinosinusitis during COVID-19 pandemic

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Poster session 1, September 21, 2022, 12:10 PM - 1:30 PM

Background and Objectives: To determine the relation between disease spectrum, etiology, and immunological markers of fungal rhinosinusitis.

Material and Methods: Diagnostic nasal endoscopy was used for the collection of sinus and nasal mucous samples which were processed as per standardized mycological procedure for microscopy, culture and histopathological examination (HPE). Enzyme-linked immunosorbent assay was used for total IgE, serum IL-6, IL-10, TNF-α levels detection.

Results: Out of 140 samples, 70 were diagnosed as FRS. COVID-19 infection 46.9% was the most common concomitant condition. Use of steroid therapy 46.9% was the most common predisposing factor. Nasal obstruction 62.2% was the most common clinical feature but headache (P value .002) and eye discharge were statistically significant (P value .005). KOH mount revealed findings in 44.69% patients in this study. Combination of KOH, HPE, and fungal culture revealed findings in 62.2% cases. Rhizopus arthrospora 27.4% was the most common isolate Aspergillus flavus and Aspergillus fumigatus were statistically significant (P value .003, .026 respectively). IL 6 19.3% was the most common serological marker raised in this study. PNS imaging revealed that 100% of the patients had single or multiple sinus involvement and maxillary sinus (P value .038) was significantly associated. Acute invasive fungal rhinosinusitis 75.5% was the most common type of FRS. Mortality was 17.34% in this study.

Conclusion: FRS is an important emerging public health problem and a cause of mortality and morbidity, particularly in immunocompromised patients. Furthermore, in the current scenario of COVID-19 pandemic, FRS has become more fatal and an entity of immediate and grave concern than ever before.

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Remote inoculation mycosis: Rip Van Winkle wakes up

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Objective: After immunosuppression, a remotely inoculated organism may be activated to produce clinical disease. We describe such a case with infection due to Mucorales/rombeii, a rare mold.

Patient and Methods: A 54-year-old male, diabetic, hypertensive, status post live related donor renal transplantation, done in February 2021. The patient was on standard triple immunosuppressant regimen. He developed a painless nodule on his thumb.