The underlying condition of the patient at admission was accidental trauma in 4/14 (28.6%), chronic kidney disease in 2/14 (14.3%), hematological malignancy in 2/14 (14.3%), pneumonia in 3/14 (21.4%), renal failure in 1/14 (7.1%), acute leukemia in 1/14 (7.1%), and 25%-73.7% had concurrent infections on other skin sites, mainly on the feet and hands. Among the 23 (16.5%) cultured specimens, Trichophyton rubrum was the most frequently detected causative species, followed by Microспорнum (16%) and T. mentagrophytes and T. verrucosum were also isolated from one case each. On dermoscopy, scales (93.1%) and dilated vascular patterns (arterializing vessels and telangiectasia, 76.3% and 65.2%) were commonly observed in glabrous skin, with follicular patterns such as black dots, broken hairs, and empty follicles. The characteristic trichoscopy features were common hairs, corrective hairs, Monroe code-like hairs, and transverse hairs.

Conclusion: The clinical characteristics and distinct dermoscopic features described in this article can aid in the differential diagnosis of facial TII while reducing diagnostic delays and unnecessary treatments.

P256
A rare case of co-infection with Nigrospora oryzae with mucormycosis in an immunocompromised post-COVID patient
Arika Patil, Alisha Sharma, Prasita Mahajan, Ashish Bhatia, Sandeep Nairae, Puneet Bhatt, Neaveen Grover
Army Hospital Research & Referral, New Delhi, India
Poster session 2, September 22, 2022, 12:30 PM - 1:10 PM
Objective: A rare case of co-infection with Nigrospora oryzae with mucormycosis in an immunocompromised post-COVID patient.
Methods: A 41-year-old male diabetic patient, with sub-optimal glycemic control, contracted COVID-19 infection and was managed with high-dose steroids. A month after recovery from COVID-19 infection, he developed severe headache with sudden onset right-sided facial swelling. A contrast-enhanced magnetic resonance imaging was done which was suggestive of infective/ inflammatory rhinosinusitis with intracranial extension with a possibility of fungal etiology. Functional endoscopic sinonasal surgery was performed and tissue was sent for microbiological processing. On KOH mount, broad opanium fungal hyphae were seen. Fungal growth was obtained on SDA at 23°C and 37°C within 4 days of inoculation. It was confirmed as Rhiizopus auricles both phenotypically as well as by MALDI-TOF. Patient was put on antifungal therapy in form of Isupramisol Amphotericin B 100 mg/d. However, patient had persistent headache, vomiting, and low-grade fever post procedure. A repeat CE-MRI was performed which was suggestive of necrotic brain tissue abscess and was planned for frontal lobe abscess drainage. Pas was inoculated on routine microbiological media. On KOH mount, broad opanium fungal hyphae along with narrow septate fungal hyphae were seen. Fungal growth was obtained on SDA at 23°C within 5 days of inoculation, which on LPPC were identified as Nigrospora spp. The identity of the isolate was confirmed by Next generation sequencing as Nigrospora oryzae.
Post-2 weeks of treatment and strict glycemic control, patient started improving. The headache and swelling subsided. He was further started on oral hypoglycemic agents and discharged and was asked to follow up after a month.
Results: COVID-19 epidemic that emerged by the end of 2019 has been associated with a huge number of deaths globally. Acute invasive fungal rhino-sinusitis is a potentially fatal fungal infection in immunocompromised patients post COVID-19. Various studies reveal that invasive fungal infections have been the leading cause of death in 25%-73.7% of patients. Among these invasive fungal infections, Mucor spp. were detected in 77.8% patients, Aspergillus fumigatus in 50.6% while 8.3% showed mixed infection with both the fungi. Along with the established pathogenicity of Mucorales in causing invasive fungal infection, other fungal co-infections are also being observed. These invasive fungal infections in an immunocompromised host carry a high mortality and morbidity rate (18%-80%). Therefore, early diagnosis, followed by aggressive medical care, surgical debridement, and control of underlying diseases is of utmost importance.
Conclusion: Acute invasive fungal rhino-sinusitis saw a spurt in incidence during the widespread COVID-19 pandemic. Diagnosis of invasive fungal infections is based on the clinical setting and characteristic presentation, supported by radiological and microbiological evidence. Prompt diagnosis and treatment are the need of the hour.