

ABSTRACT

INTRODUCTION:

Fungal sinusitis can present as non invasive and invasive forms. Invasive fungal sinusitis most commonly occurring in immunosuppressed patients. Invasive fungal sinusitis can present as acute and chronic .It is a serious disease having high morbidity and mortality. Early diagnosis and appropriate management can prevent the complications.

AIMS AND OBJECTIVES:

1. To assess modes of presentation and complications
2. To study the appropriate diagnostic approach for early detection
3. To study the various management plans and their efficacy

MATERIALS AND METHODS:

This is a prospective and retrospective study conducted in Upgraded institute of Otorhinolaryngology, Rajiv Gandhi Government General Hospital, Chennai from November 2014 to September 2016. All patients who presents with clinical features suggestive of invasive fungal sinusitis included in the study. After clinical examination including routine blood investigations, diagnostic nasal endoscopy biopsy with HPE and culture followed to proceed with imagings like CT PNS and MRI brain was planned if patient presented with complications. Treatment given was debridement and antifungal agents and improving the immunosuppressive state

RESULTS:

Among 30 patients included in the study, 20 (67%) were males and 10 (33%) were females. 26 cases (87%) were diabetic and 4 cases (13%) were non diabetic. Causative species seen were 25 cases (83%) mucormycosis and 5 cases

(17%) aspergillus. Intraorbital complications (proptosis, vision disturbances, eyelid swelling) was developed in 22 (73%) cases and intracranial complications (headache, vomiting, cranial nerve palsy, hemiplegia) was developed in 6 (20%) cases. Cavernous sinus thrombosis was seen in 2 cases (7%). 7 patients (23%) expired during the course of study.

CONCLUSION:

In conclusion, Diabetes mellitus was the most common immunocompromised status to predispose to invasive fungal sinusitis. In acute invasive fungal sinusitis cases were presented with intraorbital complications than chronic cases. Chronic cases more commonly presented with nasal obstruction, discharge. Intracranial complications can occur without orbital involvement. The combination of anti fungal therapy, surgical debridement and improving immunosuppressed state were proven to be highly efficacious in the management of invasive fungal sinusitis.

Keywords: Diabetes mellitus, immunosuppressed, intraorbital, intracranial, aspergillus, mucormycosis, debridement, antifungal.