

Prevailing Scenario of Mucormycosis (Black Fungus) Disease in the Crisis of Covid-19

Yashwant Sompura¹, Tansukh Barupal¹, Deepa Hada^{2*} and Shweta Bhodiwal³

¹Department of Botany, Mohanlal Sukhadia University, India

²Department of Botany, India

³Department of Botany, India

ISSN: 2578-0190



***Corresponding author:** Deepa Hada,
Department of Botany, Mohanlal Sukhadia
University, India

Submission: 📅 June 02, 2021

Published: 📅 August 11, 2021

Volume 5 - Issue 3

How to cite this article: Yashwant Sompura, Tansukh Barupal, Deepa Hada, Shweta Bhodiwal. Prevailing Scenario of Mucormycosis (Black Fungus) Disease in the Crisis of Covid-19. *Cohesive J Microbiol Infect Dis.* 5(3). CJMI. 000614. 2021. DOI: [10.31031/CJMI.2021.05.000614](https://doi.org/10.31031/CJMI.2021.05.000614)

Copyright © Deepa Hada. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Abstract

Mucormycosis or black fungal disease is a rare fungal infection worldwide. Recently one in particular fungal disease Mucormycosis (MCM) also known as zygomycosis. India suffering from this fungal infection already in a deep covid19 crisis. The Rajasthan government has declared mucormycosis or black fungus as an epidemic. Cases of black fungus and resultant deaths are also rising in states like Maharashtra, Uttar Pradesh, Uttarakhand, Haryana, Gujarat. The state had nearly 100 above cases of black fungus. This black fungal disease caused by a filamentous fungus Mucormycetes which is present naturally in the environment.

Keywords: Mucormycosis; Black fungus; Fungal infection

Introduction

Mortality rate of black fungus disease or mucormycosis is high. The common fungus *Rhizopus oryzae* is responsible for this fungal infection [1]. The patients of diabetes mellitus, hematopoietic disorder, malignancy is mainly affected by mucormycosis. It is a rare fungal infection. The common species of mucormycetes is *Rhizopus* and *Mucor* [2]. Usually, it is not harmful to human but decreased their immunity. The lungs of such type of individuals who are on medications for other health problems which reduces their ability to fight environmental pathogens [3]. These are some difficulties to manage the mucormycosis that are their diagnosis is very difficult and treatment is surgery.

Following are the types of mucormycosis:

- a) Rhino-cerebral mucor-mycosis: The rhino-cerebral mucormycosis is a rare infection of sinuses, nasal passages, oral cavity, and brain. The infection result in death.
- b) Gastrointestinal mucormycosis: It related to digestive system.
- c) Cutaneous mucormycosis: It is common type of mucormycosis which mainly affect the skin. It spreads throughout the skin and treat by surgery.
- d) Disseminated mucormycosis: This type of fungal infection spread throughout the body by blood circulation. It affects the brain, liver, spleen.
- e) Pulmonary mucormycosis: It is a lungs infection. This type of fungal infection found in patients of cancer, organ or stem cell transplanted [4] (Figure 1).

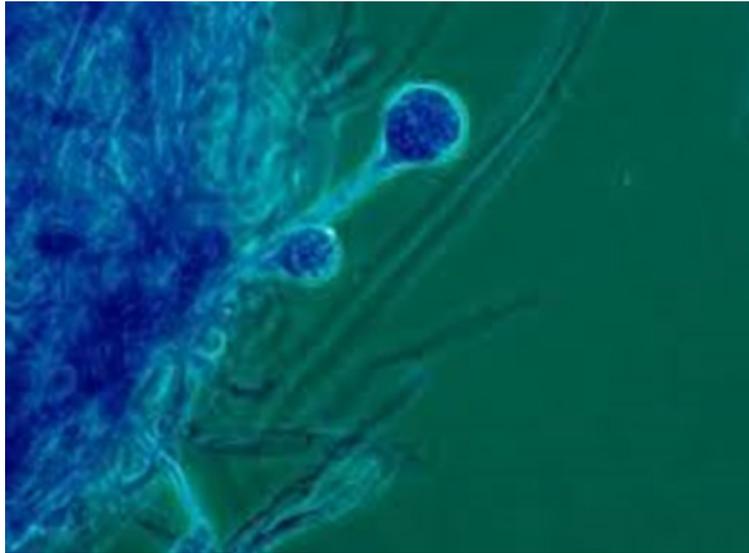


Figure 1: Mucormycetes fungi.

Classification of mucormycetes:

Phylum: Fungi

Subphylum: Mucormycotina

Family: Mucoraceae

Order: Mucorales

Genus: Rhyzopus or Mucor

Symptoms

These are common symptoms for individuals who are affected by black fungal disease:

- a) Fever
- b) Vision loss
- c) Headaches
- d) Stomachache
- e) Coughing
- f) Shortness of breath
- g) Blood vomits

These are the symptoms of Covid-19 Associated Mucormycosis (CAM) patients with covid19 (active/ recovering/postdischarge)

Rhino orbito cerebral mucormycosis

- a) Congestion
- b) Nasal discharge
- c) Facial pain
- d) Swelling
- e) Headache

- f) Orbital pain
- g) Loosening of toothache
- h) Double vision pain

Pulmonary mucormycosis

- a) Fever
- b) Cough
- c) Chest pain
- d) Pleural effusion

Cutaneous mucormycosis

- a) Pain
- b) Swelling around blisters

Disseminated mucormycosis

This type of infection spreads throughout the body and causes several organs to infection and may led to shock or death.

Do's

- A. Control hyperglycemia
- B. Check blood glucose level
- C. Use of steroids judiciously
- D. Use antifungal

Transmission

It is transmitted by breathing, inoculation and inhalation of spores present in environment. Such types of spore enter in the lungs and affect lungs. Mucormycosis not transmitted from human to human and human to animal [5] (Figure 2).

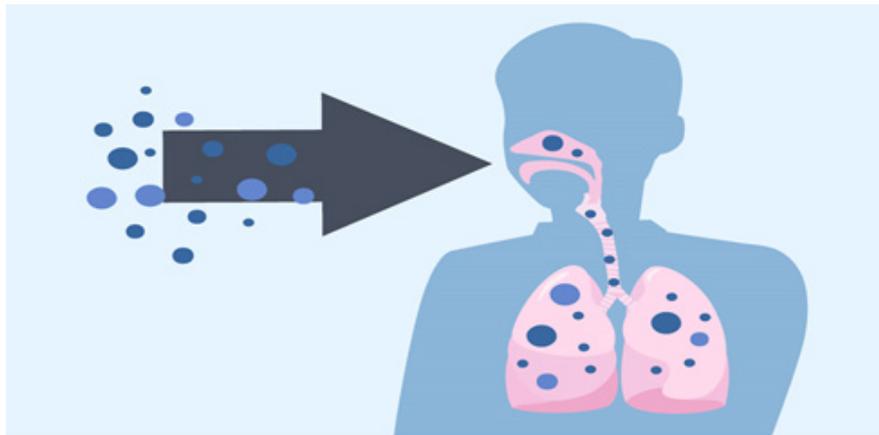


Figure 2: Transmission of mucormycosis through breathing.

Diagnosis

If patient has mucormycosis in their lungs or sinuses, then sample of fluid collected from respiratory system and send to a laboratory for diagnosis. Tissue biopsy may perform in the laboratory in which a small sample of affected tissue is analyzed for evidence of mucormycosis under a microscope or in a fungal culture. There is also need imaging tests such as a CT scan of lungs, sinuses, or other parts of body, depending on the location of the suspected infection.

Treatment

Mucormycosis is a serious infection and needs to be treated with prescription antifungal medicine, usually amphotericin B, posaconazole, or isavuconazole. These medicines are given through a vein (amphotericin B, posaconazole, isavuconazole) or by mouth (posaconazole, isavuconazole). Other medicines, including fluconazole, voriconazole, and echinocandins, do not work against fungi that cause mucormycosis. Often, mucormycosis requires surgery to cut away the infected tissue [5-10].

Prevention

- a) Use masks when visiting dusty construction sites.
- b) Wear shoes, gloves, while handling soil.
- c) Maintain personal hygiene.

Conclusion

Mucormycosis is an emerging infection in immunocompromised patients like diabetic patient with neutropenia or neutropenic presenting with rhino-orbitofrontal brain or lung unimproved by appropriate antibiotic therapy. Other locations are less characteristic. Diagnosis is suspected on clinical and radiological features and confirmed by mycological and pathological examination. Treatment consists of amphotericin B combined with surgery. Morbidity and mortality are high due to the invasive nature of the frequent underlying malignancy, hence the importance of early and appropriate management [10-30].

References

1. Skiada A, Lass FC, Klimko N, Ibrahim A, Roilides E, et al. (2019) National and Kapodistrian University of Athens, Greece.
2. Waldorf AR, Ruderman N, Diamond RD (1984) Specific susceptibility to mucormycosis in murine diabetes and bronchoalveolar macrophage defense against *Rhizopus*. *J Clin Invest* 74(1): 150-160.
3. Waldorf AR (1989) Pulmonary defense mechanisms against opportunistic fungal pathogens. *Immunol Ser* 47: 243-271.
4. Diamond RD, Haudenschild CC, Erickson NF (1982) Monocyte-mediated damage to *Rhizopus oryzae* hyphae *in vitro*. *Infect Immun* 38(1): 292-297.
5. Chamilos G, Lewis RE, Lamaris G, Walsh TJ, Kontoyiannis DP (2008) Zygomycetes hyphae trigger an early, robust proinflammatory response in human polymorphonuclear neutrophils through toll-like receptor 2 induction but display relative resistance to oxidative damage. *Antimicrob Agents Chemother* 52(2): 722-724.
6. Chinn RY, Diamond RD (1982) Generation of chemotactic factors by *Rhizopus oryzae* in the presence and absence of serum: relationship to hyphal damage mediated by human neutrophils and effects of hyperglycemia and ketoacidosis. *Infect Immun* 38(3): 1123-1129.
7. Lamaris GA, Ben Ami R, Lewis RE, Chamilos G, Samonis G, et al. (2009) Increased virulence of zygomycetes organisms following exposure to voriconazole: a study involving fly and murine models of zygomycosis. *J Infect Dis* 199(9): 1399-1406.
8. Loch M, Boelaert JR, Schneider YJ (1994) Iron uptake from ferrioxamine and from ferrirhizoferrin by germinating spores of *Rhizopus microsporus*. *Biochem Pharmacol* 47(10): 1843-1850.
9. Boelaert JR, Van Cutsem J, Loch M, Schneider YJ, Crichton RR (1994) Deferoxamine augments growth and pathogenicity of *Rhizopus*, while hydroxyypyridinone chelators have no effect. *Kidney Int* 45(3): 667-671.
10. Maertens J, Demuyneck H, Verbeken EK (1999) Mucormycosis in allogeneic bone marrow transplant recipients: Report of five cases and review of the role of iron overload in the pathogenesis. *Bone Marrow Transplant* 24(3): 307-312.
11. Stearman R, Yuan DS, Yamaguchi IY, Klausner RD, Dancis A (1996) A permease-oxidase complex involved in high-affinity iron uptake in yeast. *Science* 271: 1552-1557.
12. Knight SA, Vilaire G, Lesuisse E, Dancis A (2005) Iron acquisition from transferrin by *Candida albicans* depends on the reductive pathway. *Infect Immun* 73(9): 5482-5492.

13. Jung WH, Sham A, Lian T, Singh A, Kosman DJ, et al. (2008) Iron source preference and regulation of iron uptake in *Cryptococcus neoformans*. *PLoS Pathog* 4(2): e45.
14. Ibrahim AS, Gebremariam T, Lin L (2010) The high affinity iron permease is a key virulence factor required for *Rhizopus oryzae* pathogenesis. *Mol Microbiol* 77(3): 587-604.
15. Spellberg TJ, Walsh DP, Kontoyiannis JJ, Edwards J, Ibrahim AS (2009) Recent advances in the management of mucormycosis: From bench to bedside. *Clin Infect Dis* 48(12): 1743-1751.
16. Sridhara SR, Paragache G, Panda NK, Chakrabarti A (2005) Mucormycosis in immunocompetent individuals: An increasing trend. *J Otolaryngology* 34(6): 402-406.
17. Mallis A, Mastronikolis SN, Naxakis SS, Papadas AT (2010) Rhinocerebral mucormycosis: An update. *Euro Rev Medi & Pharmacol Sci* 14(11): 987-992.
18. Zilberberg MD, Shorr AF, Huang H (2014) Hospital days, hospitalization costs, and inpatient mortality among patients with mucormycosis: a retrospective analysis of US hospital discharge data. *BMC Infect Dis* 14: 310.
19. Skiada A, Pagano L, Groll A (2011) Zygomycosis in Europe: Analysis of 230 cases accrued by the registry of the European Confederation of Medical Mycology (ECMM) working group on Zygomycosis between 2005 and 2007. *Clin Microbiol & Infect* 17(12): 1859-1867.
20. Roden MM, Zaoutis TE, Buchanan WL (2005) Epidemiology and outcome of zygomycosis: A review of 929 reported cases. *Clin Infect Dis* 41(5): 634-653.
21. Ruping MJ, Heinz WJ, Kindo AJ (2010) Forty-one recent cases of invasive zygomycosis from a global clinical registry. *J Antimicro Chemo* 65(2): 296-302.
22. Rangel Guerra RA, Martinez HR, Saenz C (1996) Rhinocerebral and systemic mucormycosis, clinical experience with 36 cases. *J Neuro Sci* 143(1-2): 19-30.
23. Pagano L, Valentini CG, Posteraroet B (2009) Zygomycosis in Italy: a survey of FIMUA-ECMM (Federazione Italiana di Micopatologia Umana ed Animale and European Confederation of Medical Mycology). *J Chemo* 21(3): 322-329.
24. Jeong W, Keighley C, Chen S (2017) The epidemiology, management and outcomes of invasive mucormycosis in the 21st century: a systematic review. *ECCMID*, p. 1445.
25. Gomes MZR, Lewis RE, Kontoyiannis DP (2011) Mucormycosis caused by unusual mucormycetes, non-*Rhizopus*, -*Mucor*, and -*Lichtheimia* species. *Clin Microbiol Rev* 24: 411-445.
26. Ruhnke M, Groll AH, Mayser P (2015) Estimated burden of fungal infections in Germany. *Mycoses* 58(s5): 22-28.
27. Rees JR, Pinner RW, Hajjeh RA, Brandt ME, Reingold AL (1998) The epidemiological features of invasive mycotic infections in the San Francisco Bay area, 1992-1993: results of population-based laboratory active surveillance. *Clin Infect Dis* 27(5): 1138-1147.
28. Klimko N, Khostelidi S, Volkova A (2014) Mucormycosis in haematological patients: case report and results of prospective study in Saint Petersburg, Russia. *Mycoses* 57: 91-96.
29. Corzo LDE, Chora HLD, Rodriguez ZP, Walsh TJ (2018) Diabetes mellitus as the major risk factor for mucormycosis in Mexico: epidemiology, diagnosis, and outcomes of reported cases. *Med Mycol* 56(1): 29-43.
30. Lu XL, Najafzadeh MJ, Dolatabadi S (2013) Taxonomy and epidemiology of *Mucor irregularis*, agent of chronic cutaneous mucormycosis. *Persoonia* 30: 48-56.

For possible submissions Click below:

[Submit Article](#)