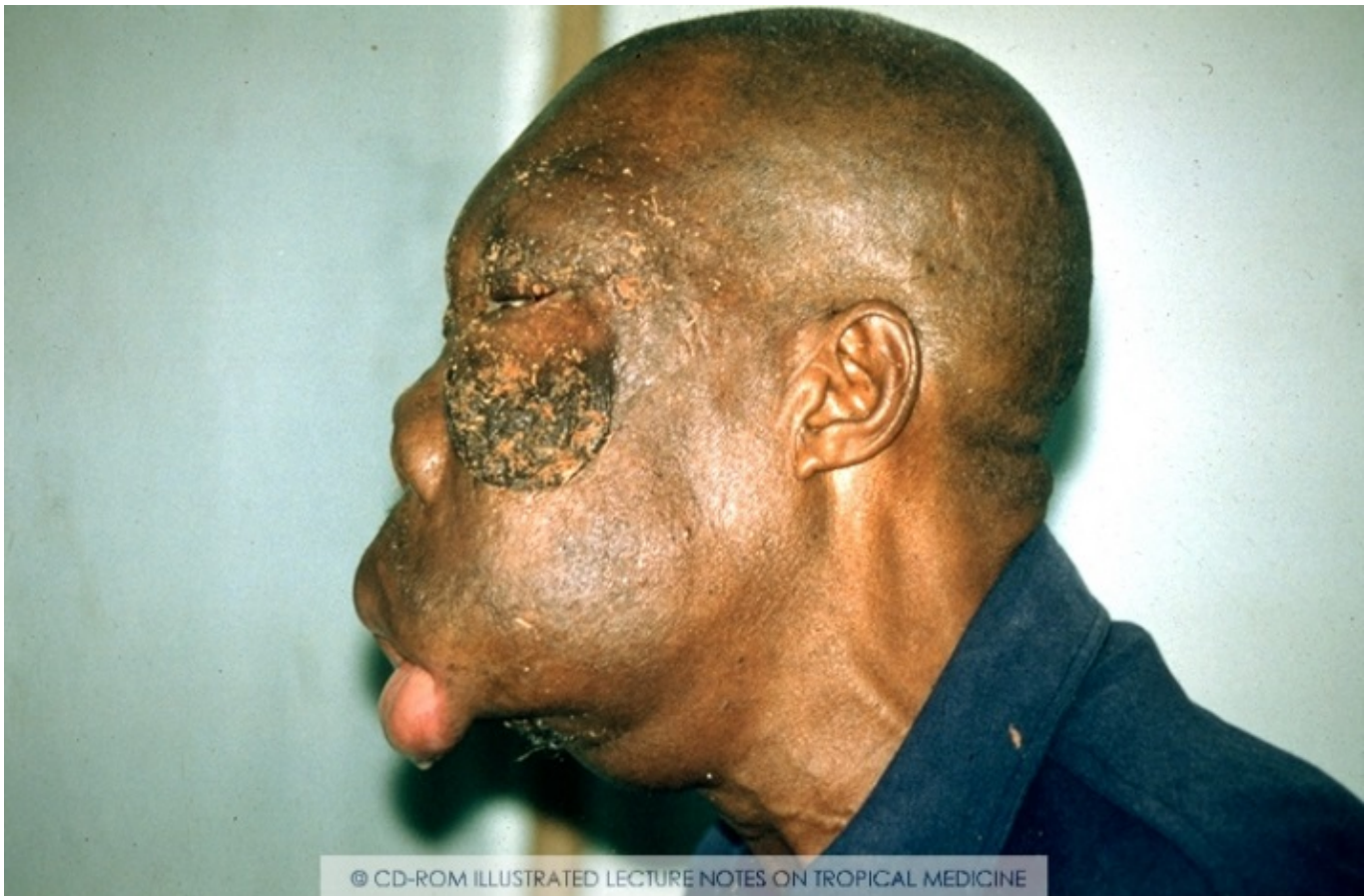


Rhino-entomophthoromycosis



Rhinoentomophthoromycosis; nasofacial phycomycosis; *Coniobolus coronatus* (*Entomophthora coronata*), copyright ITM



Rhinoentomophthoromycosis; nasofacial phycomycosis; *Coniobolus coronatus* (*Entomophthora coronata*), copyright ITM



Rhinoentomophthoromycosis; subcutaneous phycomycosis; *Conidiobolus coronatus* (Entomophthora coronata), copyright ITM

Zygomycosis is a term referring to infections with zygomycetes, and more specifically infections such as mucormycosis and entomophthoromycosis (synonyms of the latter are the tongue-twisting and jaw-breaking “rhino-entomophthoromycosis” and “rhino-entomophthoromycosis”). Rhino-entomophthoromycosis is a slowly progressing tropical infection of the subcutaneous tissue or paranasal sinuses caused by *Conidiobolus coronatus* or related species. Severe mutilations with grotesque deformation of the face can ensue. Basidiobolomycosis is often considered together with rhino-entomophthoromycosis. *Basidiobolus ranarum* affects subcutaneous tissue in areas such as buttocks, thighs and arms. Localisation in the face results in severe facial swelling, with gross deformity of eyelids and cheeks. The differential diagnosis includes Burkitt’s lymphoma. Lymphatic filariasis usually presents in a different manner.

Histopathology will show fungal elements, granulomata and eosinophils. Culture will confirm the diagnosis. Azoles such as itraconazole or the allylamines terbinafine – with or without surgery – should be tried as treatment, although there is insufficient clinical experience. Amphotericin B is an option for *Basidiobolus* infections.

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