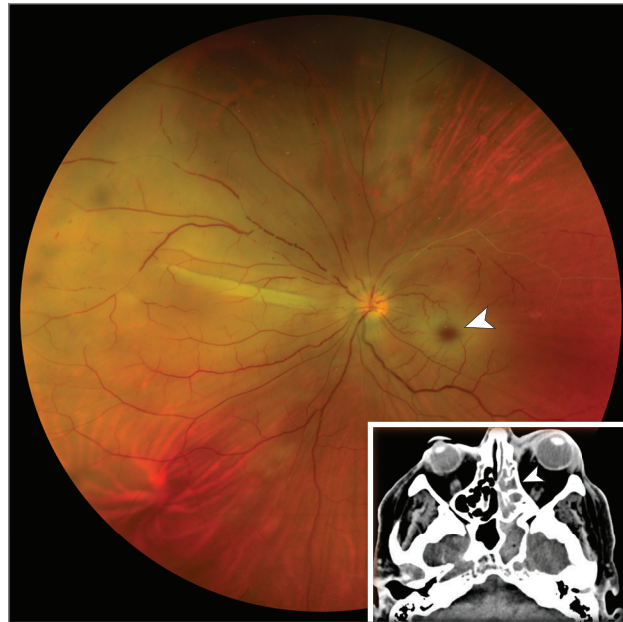


## Ophthalmic Images

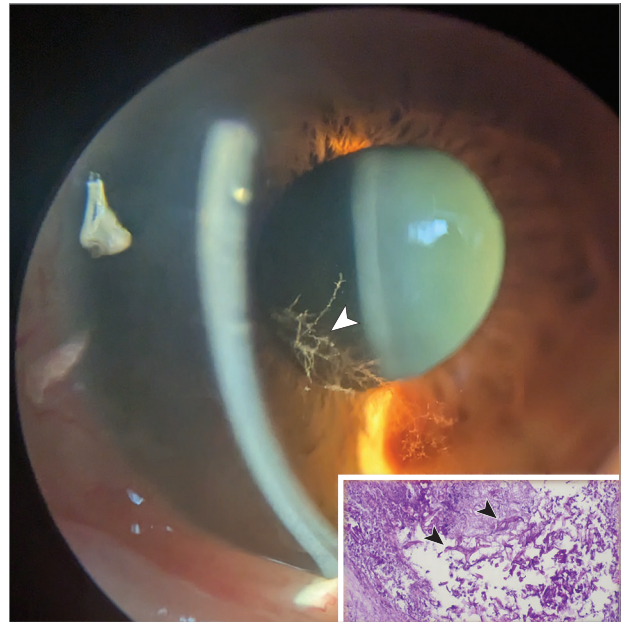
## Bilateral Rhino-Orbital-Cerebral Mucormycosis

Bruno Magalhães Teixeira, MD; Margarida Queirós Dias, MD; Guilherme Castela, MD

A Fundus photography of CRAO



B Slitlamp examination showing branching structure in the anterior chamber



**Figure.** A, Central retinal artery occlusion (CRAO) with cherry-red spot (white arrowhead). Inset: Computed tomography scan with left eye proptosis and sinus opacification (white arrowhead). B, Branching fungus in the anterior chamber (white arrowhead). Inset: Periodic acid-Schiff stain, original magnification  $\times 200$ . Wide, ribbonlike hyphae, compatible with *Zygomycetes* (black arrowhead).

**A 61-year-old man** with a history of glioblastoma treated with surgical resection, radiation, and chemotherapy presented to the emergency department with left eye vision loss, complete ophthalmoplegia, and ptosis. Examination revealed no light perception OS, cranial nerve VI hypoaesthesia, and central retinal artery occlusion (CRAO) (Figure, A). The right eye was unremarkable. Computed tomography scan showed sinus opacification (Figure, A, inset) and a sinus biopsy was performed. Three days later,

examination showed a branching structure floating in the anterior chamber (Figure, B), and the sinus biopsy confirmed *Zygomycetes* (Figure, B, inset), consistent with rhino-orbital-cerebral mucormycosis. Mucormycosis is an invasive and opportunistic fungal infection. In vivo visualization of the fungus is extremely rare. The infection spread to the contralateral cavernous sinus and into the right orbit, causing orbital apex syndrome and CRAO. The patient was treated with intravenous amphotericin B. Final visual acuity was no light perception OU. At follow-up 7 months later, he remained stable while taking oral isavuconazole.

## ARTICLE INFORMATION

**Author Affiliations:** Centro Hospitalar e Universitário de Coimbra EPE, Coimbra, Portugal (Teixeira, Dias, Castela); Faculdade de Medicina, Universidade de Coimbra, Coimbra, Portugal (Castela); Centro Académico Clínico de Coimbra, Coimbra, Portugal (Castela).

**Corresponding Author:** Bruno Magalhães Teixeira, MD, Centro Hospitalar e Universitário de Coimbra EPE, Praceta Professor Mota Pinto, 3004-561 Coimbra, Portugal ([brunoteixeira@chuc.min-saude.pt](mailto:brunoteixeira@chuc.min-saude.pt)).

**Conflict of Interest Disclosures:** None reported.

**Additional Contributions:** We thank the patient for granting permission to publish this information.