Amphotericin B liposomal

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Lack of efficacy in disseminated *Saksenae vasiformis* infection resulting in death: case report

A 71-year-old man developed a fatal invasive rhinocerebral *Saksenae vasiformis* infection despite treatment with liposomal amphotericin B.

The man, who had type 2 diabetes mellitus, had undergone second-line therapy for gastric cancer with liver metastases with dexamethasone and fluorouracil, around March 2003. At the end of July 2003, he experienced an episode of ketoacidosis. Five days later, he developed acute sinusitis that was treated empirically with amoxicillin/clavulanic acid for 1 week. At the end of treatment his condition worsened, and he was hospitalised on 13 August 2003 with right facial swelling, dark necrotic tissue on his hard palate, and pain that extended to the right side of his nose. He had a WBC count of 0.18×10^9/L, with 93.6% neutrophils, a haemoglobin level of 15 g/L, a platelet count of 205×10^9/L and a serum glucose level of 244 mg/dL. A CT scan revealed right-sided subcutaneous facial cellulitis and opacification of the ethmoid and maxillary sinuses. A nodular image with right lower-lobe cavitation was observed on chest x-ray.

The man started receiving liposomal amphotericin B, 5 mg/kg/day, and meropenem 1g three times daily. Right maxillary sinus smears revealed broad non-septate hyphae with irregular diameter and branching. Biopsies showed necrosis and angioinvasion. He underwent partial debridement. Four days later, biopsies showed the same findings, involving perimaxillar skin and hard palate, middle nasal meatus and the ethmoid and maxillary sinuses. In the next days, there were signs of orbital occupation, with IV and VII cranial nerve palsy and simultaneous suspected cavernous sinus thrombosis. His facial swelling developed into a black necrotic scar. As he had advanced cancer, the lesions were widely extended, and as complete surgical treatment was technically difficult, he underwent only partial debridement. He died 20 days after hospitalisation. The fungus was identified as *S. vasiformis* from cultural and morphological characteristics.

Author comment: "*Amphotericin B can be ineffective for patients in whom the disease is detected late or who have disseminated disease.*"

García-Martinéz J, et al. Rhinocerebral zygomycosis caused by Saksenae vasiformis in a diabetic patient. Mycoses 51: 549-553, No. 6, Nov 2008 - Spain

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