Jejunal mucormycosis in a patient with refractory AML

Samuel De l'Etoile-Morel[1], Vladimir Sapon-Cousineau[1], Michael Sebag[1], Zu-hua Gao[1], Dan Deckelbaum[1], and Vivian Loo[1]

[1]McGill University Health Centre

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Samuel De l'Etoile-Morel, MD. McGill University Health Centre. Department of Medicine, Division of Infectious Diseases. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room E05.1811.2.

Vladimir Sapon-Cousineau, MD. Department of Medicine, Division of Hematology. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room D02.7731.

Dan L. Deckelbaum, MD. McGill University Health Centre. Department of Surgery, Divisions of Trauma and General Surgery. 1650 Cedar Ave, Montreal, Quebec H3G 1A4. L9 425.

Michael Sebag, MD McGill University Health Centre. Department of Medicine, Division of Hematology. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room D02.7515.

Zu-hua Gao, MD McGill University Health Centre. Department of Clinical Laboratory Medicine, Division of Pathology. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room E04.1820.

Vivian G. Loo, MD McGill University Health Centre. Department of Medicine, Division of Infectious Diseases. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room E05.1824.

Corresponding author : Samuel De l'Etoile-Morel, MD. McGill University Health Centre. Department of Medicine, Division of Infectious Diseases. 1001 Decarie Blvd, Montreal, Quebec H4A 3J1 Room E05.1811.2. Telephone 514-934-1934 extension 53333 samuel.deletoile-morel@mail.mcgill.ca

A 47-year-old man received chemotherapy for the treatment of refractory acute myeloid leukemia. Two weeks after re-induction, he developed fever, neutropenia, nausea and severe vomiting with abdominal pain. Computed tomography of the abdomen showed a small bowel obstruction with ischemic changes of the jejunum concerning for mesenteric ischemia (panel A). An urgent open laparotomy was performed revealing two areas of jejunal necrosis (panel B) and the patient underwent a partial small bowel resection with primary anastomosis.

Histopathological examination of the jejunum with Grocott staining demonstrated ischemic necrosis associated with angioinvasive zygomycosis (panel C). *Rhizopus oryzae* was identified as the causative pathogen using polymerase chain reaction followed by DNA sequence analysis on the pathology specimen.

The patient was treated intravenously with liposomal amphotericin and subsequently transitioned to oral isavuconazole. He was subsequently discharged from the hospital and died approximately 1 year later of progressive AML.

Gastrointestinal mucormycosis remains a rare infection among immunocompromised hosts and a high index of suspicion is imperative (1). Its presentation can mimic ischemic colitis often resulting in a diagnosis made by pathology and not by conventional culture. Successful management includes early surgical resection and initiation of appropriate antifungal therapy.

1. Spellberg B. Gastrointestinal mucormycosis: an evolving disease. Gastroenterol Hepatol (N Y). 2012;8(2):140-2.