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Mucormycoses

- Emerging fungal infection caused by a group fungi called mucormycetes. (zygomycetes)
- An aggressive & highly destructive invasive fungal infection in immunocompromised patients

Ibrahim et al., CID 2012;54(S1):S16-22

Incidence: France 1997-2006 Average incidence/million persons/y • 828 hospital, 531 incident cases were identified 283 males and 248 females (ratio 1.1); mean age: 57.1 years (median 60 years, range: <1 month-96 years). The annual incidence rate (AIR) increased from 0.7 cases/million persons in 1997 to 1.2/million persons in 2006 Figure 2. Average annual incidence rate of zygomycosis, by age yearly increase was +7.4% (p<0.001). group, France, 1997-2006. Error bars indicate 95% confidence intervals Bitar et al. Emerg Infect Dis 2009; 5: 1395-1401

Five patients with sinusitis (only) & dissemination to adjacent tissue were diagnosed as mucormycoses diabetes (adults), leukemia (pediatric) one patient with Rhizopus

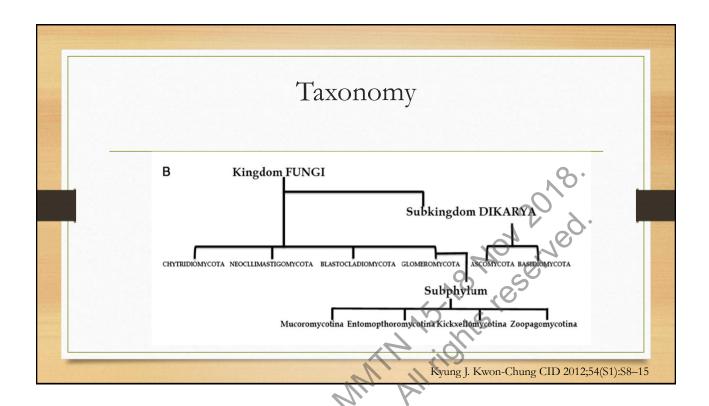
Jakarta, January – November 7, 2018 From one hospital

Data Dept. Parasitology, FKUI, 2018

Epidemiology: India

- a steady increase in the number of patients:
 - 129 cases over 10 years (13 cases/year during 1990–1999),
 - 178 cases over next 5 years (36 cases/year during 2000–2004),
 - 75 cases over 18 months (50 cases / year during July 2006 December 2007)
- Diabetes mellitus as major risk factors (65.1 million), ca. 70% are uncontrolled DM.
- Environmental factors: the tropical & sub-tropical humid climate & high environmental temperature accommodates the survival of the fungi,

Chakrabarti & Dhaliwal. Curr Fungal Infect Rep (2013) 7:287–92 Chakrabarti & Singh. Mycoses, 2014, 57 (Suppl. 3), 1–6



The causes Consisting of 2 important genera: Entomobhthoromycotina, a natural insect pathogens i.e. Conidiobolus & Basidiobolus, are found in tropical and subtropical regions cause chronic subcutaneous infections in immunocompetent host The Mucoromycotina: found worldwide as common saprobe in soil, recycling of organic materials, e.g. leaves, compost, rotten wood invasive infection in immunocompromised host

egarded as 'zygom	ition of clinically rel ycetes' [9,13]	
Subphylum	Genus	Species most frequently isola from patients
Mucormycotina	Apophysomyces Cunninghamella Lichtheimia (Absidia) Mucor Rhizopus Rhizomucor Saksenaea	A. variabilis C. bertholletiae L. corymbifero L. ramosa M. circinelloides R. arrizus (onzac R. microsporos R. pusillus S. vasiforniis
Entomophthoromycotina	Basidiobolus Conidiobolus	B. ranarum C. coronatus

Mucormyocse: portal of entry

- Inhalation of spores to the respiratory tract,
- injured skin or percutaneous route: inoculation of spores by contaminated needles or catheters
- ingestion of contaminated food.

Binder et al. Clin Microbiol Infect 2014; 20 (Suppl. 6): 60-66

Classification of mucormyocses

Anatomic location	disease
Sinus & adjacent tissue	Rhino – orbito- cerebral
Lung	Pulmonary
Skin	Cutneous/subcutaneous
Gastrointestinal	Ingestion of contaminated food
Diseminated form	Dissemination from primary site
others	Bones, kidney, etc

Spellberg et al Clin Microbiol Rev 2005; 18: 556–69. Marpaung et al.; J Penyakit Dalam Indonesia; 2018; 5

Major risk factors

- uncontrolled diabetes mellitus (ketoacidosis)
- · other forms of metabolic acidosis,
 - Corticosteroids treatment
- organ & bone marrow transplantation
- neutropenia
- trauma & burns,
- malignant hematologic disorders,
- deferoxamine therapy in patients receiving hemodialysis

Chakrabarti & Dhaliwal Curr Fungal Infect Rep (2013) 7:287–92 Binder et al. Clin Microbiol Infect 2014; 20 (Suppl. 6): 60–66

TABLE 1. Relationship between predisposing condition	and				
site of infection					

Predisposing condition	Predominant site of infection
Diabetic ketoacidosis	Rhinocerebral
Neutropenia	Pulmonary and disseminated
Corticosteroids	Pulmonary, disseminated, or rhinocerebral
Deferoxamine	Disseminated
Malnutrition	Gastrointestinal
Trauma, catheter/injection site, skin maceration	Cutaneous/subcutaneous

Spellberg et al Clin Microbiol Rev 2005; 18: 556-69

Clinical presentation

- Based on vascular invasion that causes thrombosis & tissue infarction/necrosis
 - black eschar
- occurs in patients:
 - With defects in immune defense &/or with increased available serum iron,
 - Changes in their metabolism (DM- ketoacidosis)
 - Very rare in normal hosts
- most cases, are progressive infection & lethal, unless identified early & treated promptly

(83, 85, 119).

Spellberg et al Clin Microbiol Rev 2005; 18: 556-69

Phenotypic & molecular based identifications Identification of Mucormycetes

Mucormycoses in human tissue

- The amount of fungi that cause mucormycosis is very large but in human tissues they grow as coenocytic hyphae (septum is quite rare) that are similar to one another and rarely spores production
- The mucormycetes hyphae generally do not have septa, excessive manipulation of clinical material will cause leakage of the cells which results in fungal death & it does not grow on culture
- Direct examination is quite important in the identification of the disease

Direct examination: KOH wet slide

- Brain tissue, of a girl with tubular acidosis
- a coenocytic hyphae, no septum
- thick walled, refractile
- 400 ×magnification



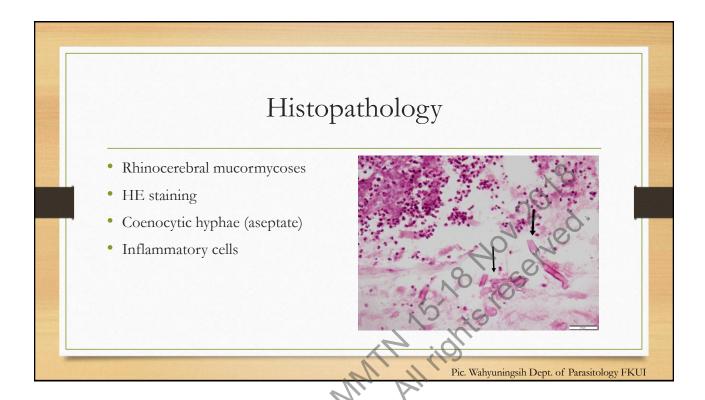
Pic. Wahyuningsih, Dept. Parasitology FKUI

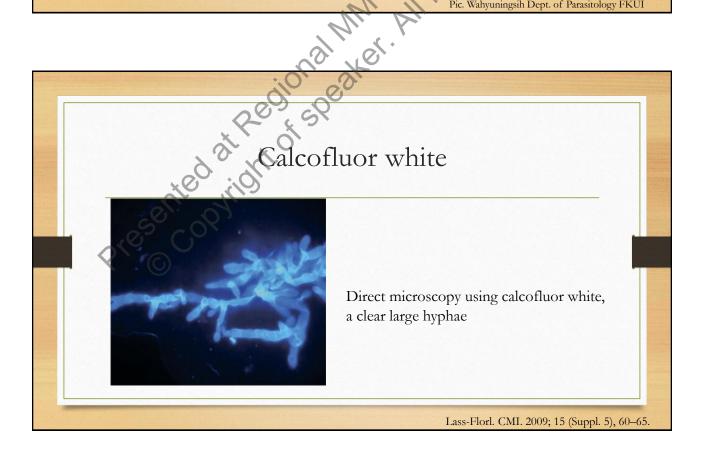
ROH wet slide

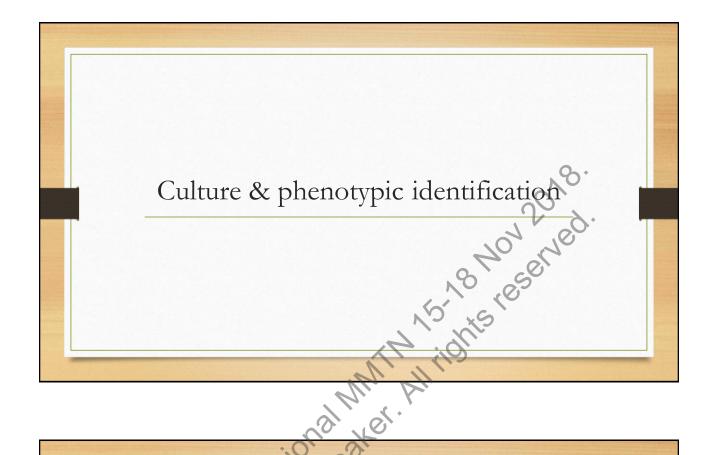
- Orbital tissue from a patient with rhino-orbito-cerebral mucormycoses
- Branched coenocytic (aseptate) hyphae among eye tissue
- 400 ×magnification

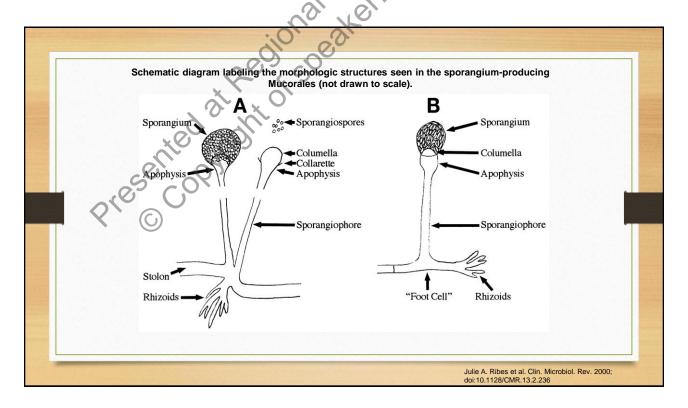


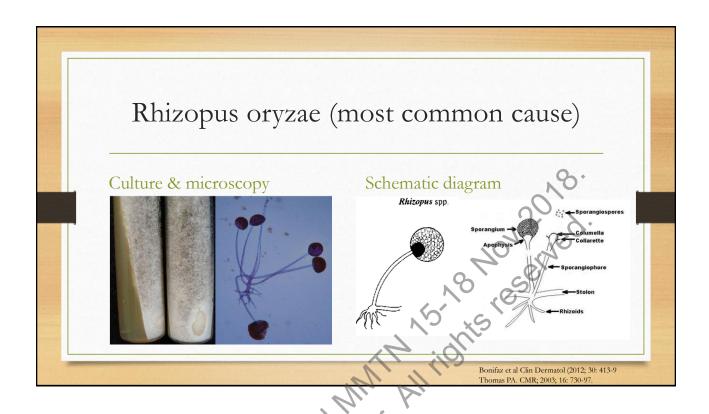
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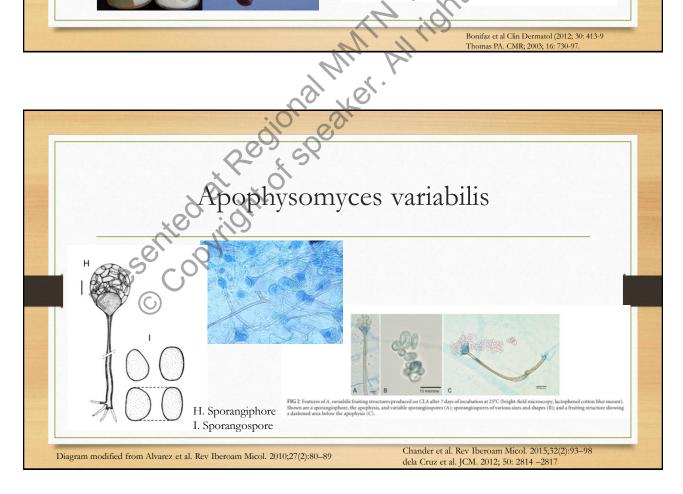




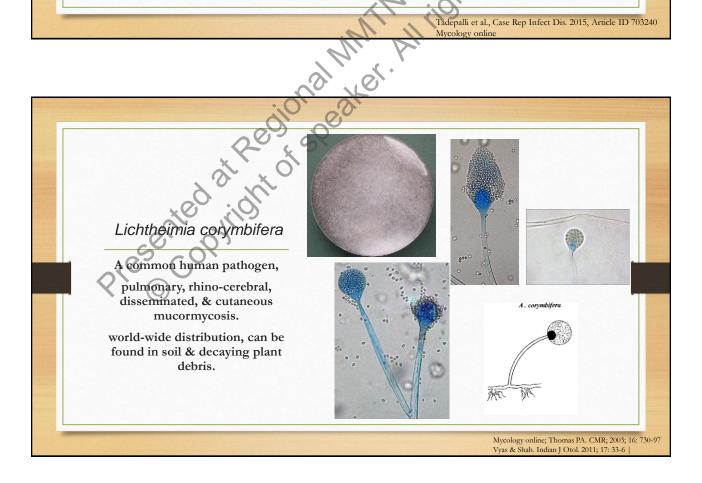


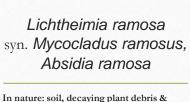










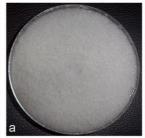


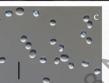
foodstuffs.

immunocompromised hosts,

becoming increasingly common in individuals without predisposing factors (e.g. in traumatic injuries).

Associated with cutaneous, pulmonary, rhinocerebral, CNS & disseminated form

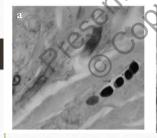


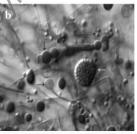


- Culture of 3 days (30°)
- Sporangiophore, intact sporangium & ruptured sporangium with columella sporangiospore

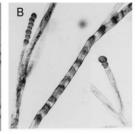
Bibashi et al., Med Mycol Case Rep 2013; 2: 7-10

Aucor circinelloides



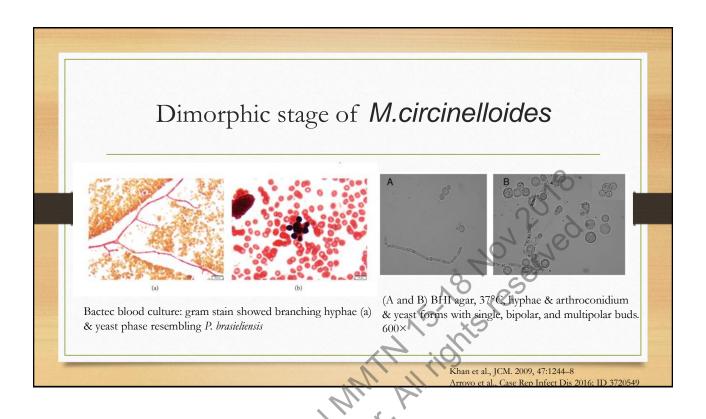


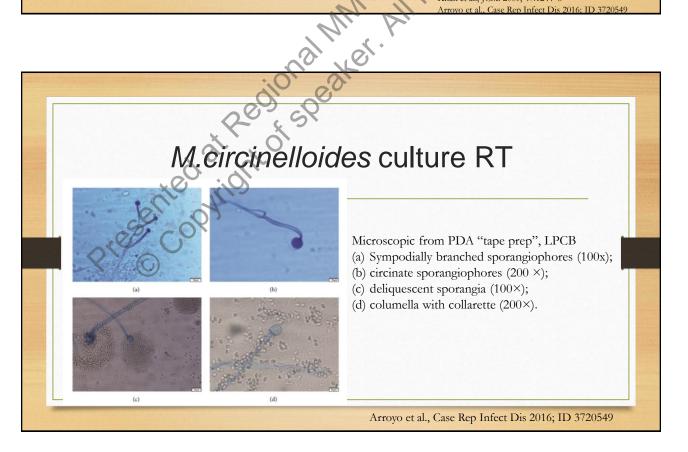


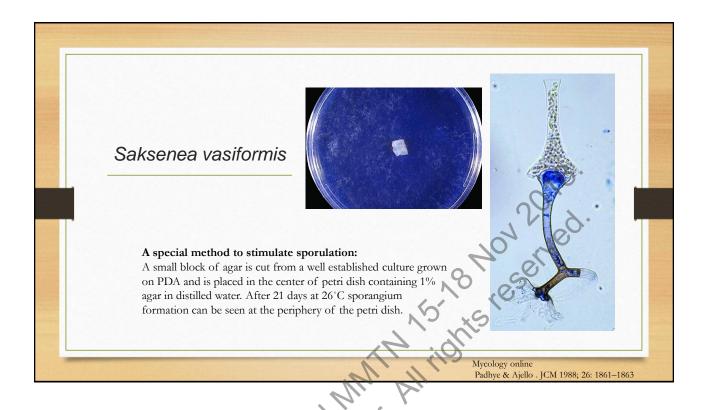


- GMS of skin tissue: nonseptate hyphae & intercalary oval to subglobose chlamydospores (arrow, a). Culture on PDA, 6 days, 30°C, sporangium (white arrow), sporangiospores (black arrowhead), & chlamydospores produced singly & short (b)
- (A) Branched circinate sporangiophores, sporangia, & collumellae
- (B) chlamydospores formed successively in chains. 400×

Iwen et al., JCM. 2007; 45: 636-40 Khan et al., JCM. 2009, 47:1244-8

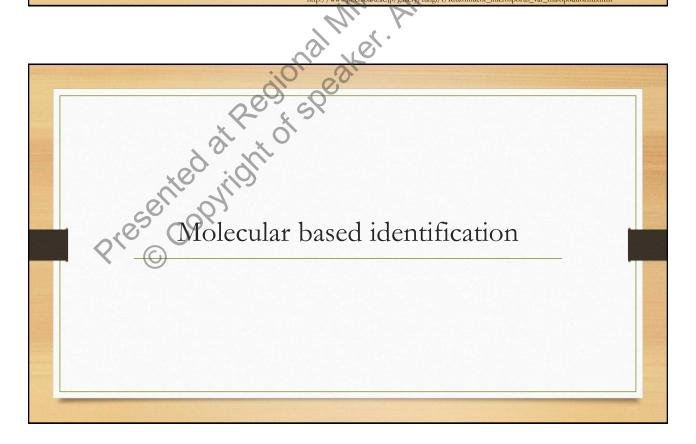












Diagnosis of mucormycosis

- mucormycosis remains difficult to diagnose,
- Direct methods investigation is the "gold standard" for diagnosis, but requires expertise & does not allow species identification.
- Culture of clinical specimens often fail to grow (ca. 50%)
- Require other technique: molecular based identification

Roden et al., 2005. Clin Infect Dis. 41:634-653.

Molecular based method

- A retrospective study using tissue blocks, semi nested PCR continued by sequencing
- primers deve;oped from 18S ribosomal DNA, the V4 and V5 variable regions

The outer primers ZM1 (5-ATT ACC ATG AGC AAA TCA GA-3) and ZM2

- (5-TCC GTC AAT TCC TTT AAG TTT C-3)
- Products of the seminested reaction using primers ZM1 and ZM3 (5-CAA TCC AAG AAT TTC ACC TCT AG-3) are 175 to 177 bp long
- Able to distinguish variability to identify genera but not to species level.
- 12 positive culture (10 PCR pos & 2 PCR neg); 15 negative culture (12 PCR pos, 3 PCR neg)

Hammond et al., JCM 2011; 49: 2151-3

TABLE I. Available loci and techniques used for species identification of Zygomycetes from cultures

 Species identification of culture using universal fungal primers (ITS regions)

Species	Target region	Method	References
Several species	28S	PCR + sequencing	Voigt et al. 1999 [4]
Several species	185	PCR + RFLP	Machouart et al. 2006 [11]
Several species	28S	MicroSeq ^{®a}	Hall et al. 2004 [12]
Several species	ITS	PCR + sequencing	Schwarz et al. 2006 [13]
Several species	Cyt b	Real-time PCR	Hata et al. 2008 [18]
Several species	ÍTS	PCR + sequencing	Kontoyiannis et al. 2005 [19]
Rhizopus species	ITS	Multiplex PCR	Nagao et al. 2005 [15]
Rhizobus oryzae	ITS	PCR + sequencing	Abe et al. 2003 [14]
Rhizopus species	FTRI	PCR + sequencing	Nyilasi et al. 2008 [17]
Apophysomyces elegans	ITS	PCR + RFLP	Chakrabarti et al. 2003 [16]

^aD2 large subunit ribosomal DNA sequencing kit. 28S, large subunit ribosomal DNA; 18S, small subunit ribosomal DNA; 17S, ribosomal DNA internal transcribed spacer; Cyt b, cytochrome b gene; FTR1, high-affinity iron permease I gene; PCR, polymerase chain reaction; RFLP, restricted fragment length polymorphism.

Dannaoui E. Clin Microbiol Infect 2009; 15 (Suppl. 5): 66-70

Species identification

- Sequencing of the ribosomal genes:
 - Universal fungal primers ITS (primers ITS1 & ITS 4)
 - DL/D2 ribosomal DNA (primers NL-1 & NL-4)
- Beta tubulin
- Calmodulin

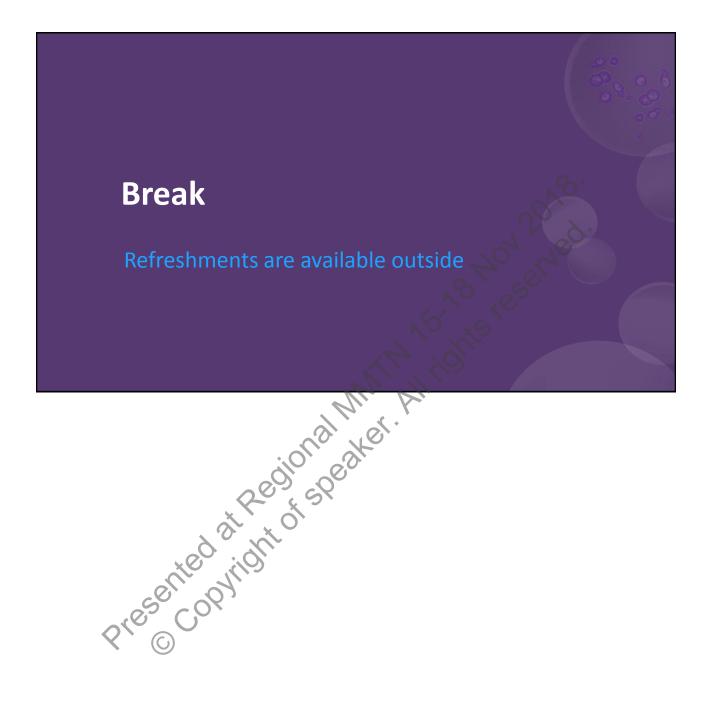
Romanelli et al., JCM. 2010, 48: 741–52 Atkins & Clark. J Appl Genet. 2004;1:3–15. 2. Balajee et al., JCM. 2009; 47:877–84.

Conclussion

- Suspicion of mucormycoses should be started when we recognize underlying condition (patient at risk)
- Clinical presentation & its relation with underlying condition
- The importance of direct microscopic investigations: KOH wet slide, histopathology
- Species identification is important which can be done based on phenotypic identification (culture) or molecular based method

Q&A and discussion

Please use a microphone or submit a question card



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