

Invasive Fungal Infections

Background:
 Because of the immunocompromise in burns (and trauma), fungal elements are seen periodically. History may include stagnant water exposure or delay in presentation to medical care. This can occur in necrotic tissue and in excised wounds that deteriorate. Most patients have pre-existing factors that exacerbate immunodeficiency. This heterogeneous group of fungi / molds can invade soft tissues, thrombose vessels, and can rapidly threaten life and limb.

History:
 HIV, DM,
 PVD
 Stagnant water
 Delay to hospital

Exam:
 Colonies, fuzz,
 dark color,
 thrombosed
 vessels not due to
 burn

**URGENT OPERATION,
 STAT VORICONAZOLE IV**

**Quantitative FUNGAL
 Cultures (may take 2 weeks)**

- LABS:**
- 1,3 Beta D Glucan (Fungitell) ARUP
 - Aspergillus Galactomannan Antigen

- TOPICAL OPTIONS:**
- Sulfamylon / AmphoB soaks BID-TID or
 - Irrigating wound VAC

- CONSULTATION:**
- ID consult if concern for invasive fungal infection
 - Consider alternative antifungals according to fungal risk e.g. AmphB or Isavuconazonium

Aspergillus



Curvularia



Fusarium



Candida
 Parapsilosis
 (Fluconazole 300mg qd x3 weeks; common resistance to Miconazole)



Mucormycosis
 (Isavuconazonium)

