

**Cutaneous mucormycosis in acute myeloid leukemia;
hit hard and quickly**

A 42-year old man with relapsed acute myeloid leukemia and chemotherapy-induced neutropenia developed fever and a painful indurated black necrotic lesion on the right chin (Figure 1). Biopsy revealed irregular broad non-septate hyphae invading blood vessels (Figure 2). Immediate wide surgical resection including the periosteum of the mandible was performed (Figure 3). Amphotericin was given. Fungal culture grew *Absidia* sp, a member of the Mucorales order. The defect was repaired by elective surgical reconstruction with a radial forearm flap (Figure 4). He received an autologous bone marrow transplant without recurrence of mucormycosis. At present he is in complete remission and has been well for more than one year.

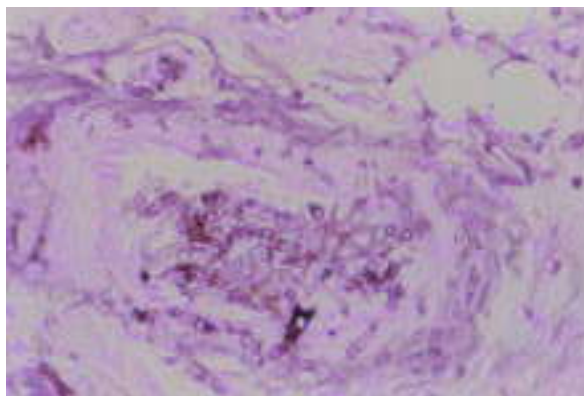


Figure 2. Broad non-septate mucormycosis hyphae invading the blood vessel wall (Grocott staining).

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Figure 1. Black eschar of cutaneous mucormycosis. Inlay (x3): blood drop at site of biopsy.



Figure 3. Defect left by surgical debridement of the necrotic tissues.



Figure 4. Double thickness skin grafting of the defect. Inlay (x2): schematic drawing of the skin graft from the right forearm.