BACKGROUND AND IMPORTANCE:
Mucormycosis is a serious fungal infection characterized by a fast invasion, especially in immunocompromised people. Rhino-orbital cerebral involvement manifests with:
- Edema
- Periorbital cellulitis
- Sinusitis

Frequently requires combined treatment

AIM AND OBJECTIVES:
Explaining the therapeutic approach and evolution of a very severe lesion with deep necrosis in the right nostril of a paedriatric critical patient, with rapidly progression and infected by:
- Acinetobacter Baumanii
- Aspergillus niger
- Rhizopus arizus

MATERIAL AND METHODS:
13-years-old patient with Atypical Hemolytic Uremic Sd. with a deep necrotic lesion in the right nostril.

Combined therapy with:
- Isavuconazole
- Amphotericin B (liposomal)
- Meropenem
- Nebulized colistin

Throughout the hospitalization, the wound was closely monitored performing smears to detect microbial growth.

Targeted therapy:
- Debridement surgery
- Amphotericin B deoxycholate 0.15% and colistin 0.5% gels in hydrogel base prepared as a sterile extemporaneous preparation (3PC-021) in the pharmacy department.
- Topical dressings with:
  - Sodium hypochlorite fomentation (Microdacyn®) and Bacteriostatic gel-based mesh (Cutimed Sorbact®) every 24h.

RESULTS:
Clinical Outcomes were:

A rapid wound reduction with 80% granulation

Negative microbial cultures after 28 days of continuous treatment

After a month, the patient was discharged from the unit.

CONCLUSION AND RELEVANCE:
Rhino-orbital mucormycosis is a very serious condition that requires specific targeted treatment and the nursing care, surgery and pharmacy involvement as a team are essential.