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Unusual presentation with dual fungal infections in an immunocompetent female

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55 year old female was a known diabetic for 30 years, on long and short acting insulin and sulfonylureas with reasonably controlled blood sugars. She was treated at another hospital for a biopsy proven mucormycosis with amphotericin B conventional and voriconazole for three weeks. She developed a diffuse skin rash and pain in abdomen with elevation of serum lipase x four times. This was attributed to use for voriconazole and therefore discontinued. She presented to our center with fever, headache, vomiting and diplopia for five days. On examination she had an involvement of the sixth nerve and a hemianopia on the contralateral side. Her repeat MRI brain showed involvement of ethmoid, maxillary and sphenoid sinuses and diffuse exudative process. Lumbar puncture was done, CSF culture showed no growth, blood culture grew aspergillus niger, CD4 360 cells/cumm. She received liposomal amphotericin with posaconazole and micafungin over a period of next six weeks. She made a subsequent uneventful recovery and was discharged from the hospital after six weeks of treatment. Dual fungal infection with mucormycosis and aspergillus niger is uncommon. This presentation requires combination antifungal therapy for a duration not less than three to six weeks for optimal outcomes as was seen in this patient.