Cardiac Mucormycosis Presenting as a “Fungus Ball” in the Left Atrium

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Picture 1. A large thrombus-like mass measuring 5×5×4 cm occupied the left atrial cavity.

Picture 2. Histologically, the cardiac mass consisted of fungal elements enmeshed with fibrinous material. The fungus showed the characteristic morphology of *Mucor* species featuring large nonseptate hyphae with right-angle branching (methenamine silver stain).

A 71-year-old woman with myelodysplastic syndrome was admitted because of fever and treated with antibacterial agents. On the second hospital day, she presented with dysarthria and right arm paresis and was diagnosed as cerebral infarction. On the fourth hospital day, she suddenly died. An autopsy revealed a left atrial mass caused by mucormycosis (Pictures 1, 2). Systemic fungal embolism, including the brain, was also pathologically confirmed.

Cardiac fungal infection (CFI) is increasing and the incidence of *Mucor* or *Aspergillus* species as a causative pathogen is on the rise (1). Although antemortem diagnosis of

CFI remains rare and difficult, early diagnosis can be made by histopathological methods with a cardiac mass or peripheral embolus (2-4). In patients with suspected CFI, cardiac mass formation or peripheral embolism should be considered as a possibility for early diagnosis, because CFI is potentially treatable (1-4), even in cases of disseminated mucormycosis (5).

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