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<u>Inclusion and Exclusion Criteria</u>
not detected.
<u>Attrition</u>
not detected.
<u>Sex as a biological variable</u>
not detected.
<u>Subject Demographics</u>
Age: not detected.
Weight: not detected.
<u>Randomization</u>
not detected.
<u>Blinding</u>
not detected.
<u>Power Analysis</u>
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Identify authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	Not detected.	
Provide statement confirming informed consent obtained from study participants.	2.1Data Summary ACCESSION OP019829 1 ttctgcac gatgaagaac gtagcaaagt gcgataatag tgtgaattgc atattgtgaa 61 tcatcgagtc ttgaacgca gcttgcactc tatggttctt ccatagagta cgcctgcttc 121 agcatcataa caatcccaca cataaaaatt ttttttatg ttgttatggg caattcttc 181 atagtatgga atgcctaaa aaattctagg tataggtgct tgaataaagg atcatatctc 241 caatccattt ttgggagac caaggaaaca ggattgggcc accgacatac cctcatatat 301 gatctgaagt cagggtgggac taccgctga actaagcat atcaataag6.4Consent for publication The patients attendant has given written informed consent to publication of their case details.	
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If publicly available data are reused, provide accession number in repository or DOI or URL, where possible.	Not detected.	

Code availability	Yes (indicate where provided: page no/section/legend)	n/a
For all newly generated code and software essential for replicating the main findings of the study:		
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Analysis

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1 ***Rhizopus homothallicus*, an emerging pathogen causing cavitory lung lesions**

2

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22 **1.4 Keywords**

23 Mucormycosis, *Rhizopus homothallicus*, Cavitory, Pulmonary

24 **2. Abstract**

25 **Introduction:** *Rhizopus homothallicus* is a new emerging pathogen causing Mucormycosis.

26 **Case Presentation:** We report a case of pneumonia caused by *Rhizopus homothallicus* in a 54 year old
27 type 2 diabetic patient. The organism was isolated from bronchoalveolar lavage fluid and preliminary
28 identified by fungal morphology and finally by sequencing of the internal transcribed spacer region.

29 **Conclusion:** Mucormycosis may be associated with cavitory lung lesions in the backdrop of poorly
30 controlled diabetes or other immunosuppressed states. Pulmonary mucormycosis may have variable
31 clinical and radiological presentations. Therefore, strong clinical suspicion and prompt management
32 can prevent high fatality associated with the disease.

33

34 2.1 Data Summary

35 ACCESSION OP019829

36

37 1 ttctgcctc gatgaagaac gtagcaaagt gcgataatag tgtgaattgc atattgtgaa

38 61 tcactgagtc ttgaacgca gcttgcactc tatggttctt ccatagagta cgcctgcttc

39 121 agcatcataa caatcccaca cataaaaatt ttttttatg tggttatggg caattcttcc

40 181 atagtatgga atcgcctaaa aaattctagg tataagtgct tgaataaagg atcatatctc

41 241 caatccattt ttggggagac caaggaaaca ggattgggcc accgacatac cctcatatat

42 301 gatctgaagt caggtgggac tacccgctga acttaagcat atcaataag

43

44 3. Introduction

45 Ubiquitous fungi like *Rhizopus*, *Absidia*, *Rhizomucor*, *Mucor*, and *Cunninghamella* species of
46 the order Mucorales are found in the soil and cause opportunistic infections. The known predisposing
47 factors in patients with mucormycosis are uncontrolled diabetes, neutropenia, carcinomas,
48 immunosuppressive therapy, or patients on deferoxamine therapy or patients initiated on voriconazole
49 prophylaxis [1,2]. Among the Genera *Rhizopus*, *Rhizopus homothallicus* is being reported from a large
50 number of cases and it is a new emerging pathogen [1]. The sporangiospores released by Mucorales
51 gain its entry in the upper or lower airways through aerosolization. Pulmonary mucormycosis is
52 recorded second in frequency after the rhino-orbital-cerebral among the reported cases of
53 mucormycosis.

54

55 4. Case Presentation

56 A 54 year old male with type 2 diabetes mellitus presented with complaints of intermittent
57 fever, cough with expectoration, occasional haemoptysis, and right sided chest pain for the last 20 days.
58 There was no history of COVID infection in the recent past. On examination, the patient was afebrile,
59 conscious and oriented. On auscultation, breath sounds were markedly reduced on the right side with
60 fine crepitations. Renal function, liver function tests and urinalysis were unremarkable except for blood
61 sugar levels of 516 mg/dl and total leukocyte count of 13,000 /mm³ on admission. There was no
62 evidence of diabetic ketoacidosis with normal arterial blood gas and urine ketone analysis. There was
63 no evidence of acid-fast bacilli in the sputum. Serum galactomannan test was negative. Chest X-ray
64 revealed consolidation in middle and lower zone of right lung (Fig. 1A).

65 The patient was initiated on broad spectrum antibiotics and was managed for high blood sugar
66 levels. HRCT chest done on day 2 showed large area of consolidation with bronchiectasis, fibrosis and
67 secondary cavitory changes showing air-fluid levels in right lower lobe with intra and interlobular septal
68 thickening with ground glass haze giving crazy paving pattern in right lower lobes and few patchy areas
69 of consolidation in right upper and middle lobe with minimal right pleural effusion (Fig. 1A). As the
70 patient deteriorated clinically with persistent fever, high blood counts and increasing consolidations
71 seen on chest radiograph after 48 hours of antibiotic treatment, a bronchoalveolar lavage sample was

72 collected on day 4 and sent for microbiological analysis. KOH examination was performed which
73 showed broad aseptate fungal hyphae. On day 5, the patient underwent sudden respiratory distress for
74 which he was intubated. Taking into account, the reduced urine output and altered renal function, the
75 patient was initiated on dialysis. The patient was started on posaconazole as the salvage therapy. On
76 admission day 6, the patient died due to sudden cardiopulmonary arrest and could not be revived.

77 Fungal cultures results showed fast growing, colony white colony turning brown on Sabouraud
78 dextrose agar (SDA) incubated at 25 °C and 37 °C. The isolate was identified as *Rhizopus homothallicus*
79 as the characteristic golden-brown spiny zygospores and suspensor cells along with broad, aseptate
80 hyphae seen on lactophenol cotton blue (LPCB) mount (Fig. 1 B). DNA extraction followed by
81 Sanger's sequencing of the 5.8S ribosomal RNA gene, internal transcribed spacer 2. The sequence is
82 submitted in GenBank with accession number OP019829. A sequence alignment was performed using
83 ISHAM database and it was confirmed to be *R. homothallicus* with a similarity index of 96.97%.
84 The evolutionary history was prepared using the Neighbor-Joining method and evolutionary analysis
85 was conducted by MEGA X (Fig.2) [3].

86

87

88 5. Figures (Legend)

89 **Fig 1 A.** Chest Radiograph and HRCT of the patient showing heterogenous pneumonia of right middle
90 and lower lobe with multiple cavities. **B.** Lactophenol cotton blue (LPCB) mount showing *R.*
91 *homothallicus* with characteristic golden brown, globose zygospores with stellate spines and suspensor
92 cells (100x).

93

94 **Fig 2.** Phylogenetic tree constructed using MEGA-X. The reference strains are preceded by a red dot
95 while strain under study by green square.

96

97

98 6. Discussion

99 ¹³ *Rhizopus* species are the most commonly isolated fungi from the patients of mucormycosis.
100 *Apophysomyces elegans*, *A. variabilis* and *Rhizopus homothallicus* are reported as the emerging species
101 [4]. Chakrabarti et al. first reported infections due to *R. homothallicus* in patients of pulmonary infection
102 [5]. There are published reports of several cases which indicates the geographical niche of the fungi [5–
103 10].

104 Pulmonary mucormycosis ²³ has been described in patients with associated immunosuppression
105 like neutropenia or graft-versus-host disease whereas rhino-orbital disease is typically reported in
106 patients with uncontrolled diabetes [11]. Contrary to the literature, the patient in the present setting had
107 long standing poorly ²⁰ controlled diabetes. Radiology is considered as a sensitive marker of pulmonary
108 fungal infection, and the presence of the reverse halo sign on CT scan has been suggested as a strong
109 indicator of pulmonary mucormycosis ¹⁶ [12]. The present case presented with cavitary pneumonia which
110 is rarely reported in literature [5]. The clinical findings and chest imaging features are not specific
111 therefore, pulmonary mucormycosis is easily misdiagnosed, which can result in serious consequences.

112 Microscopy and culture of the bronchoalveolar- lavage fluid remain the gold standard which is
113 done to establish the diagnosis of pulmonary mucormycosis. The preferred drug is liposomal
114 amphotericin B, however as the patient was in acute renal failure, posaconazole was initiated. The
115 patient succumbed to the disease due to delay in reaching to the health care facility. As the patient with
116 pulmonary mucormycosis deteriorates rapidly, the overall mortality rate is above 40-76% [13]. Early
117 surgical treatment, appropriate antifungal therapy, and control of predisposing factors are of great
118 importance in the treatment of such cases [15].

119 The internal transcribed sequence of the showed maximum similarity to sequence KU926333
120 which was isolated from the lung biopsy sample of a fatal case of pulmonary mucormycosis patient
121 with unchecked diabetes mellitus from Paris [14]. Genomic identification of the fungi is strongly
122 recommended for improved epidemiological understanding of mucormycosis. The patient succumbed
123 to the infection, possibly due to delay in accessing tertiary health care system.

124 6.1 Author contributions

125 **Juhi Taneja:** Manuscript writing, laboratory work. **Kuhu Chatterjee:** Laboratory work, data
126 compilation. **Ruchi Arora Sachdeva:** Manuscript editing, data curation. **S Zafar Abbas:** data
127 curation, critical review. **M K Sen:** supervision.

128

129 6.2 Conflicts of interest

130 "The author(s) declare that there are no conflicts of interest"

131

132 6.3 Funding information

133 "This work received no specific grant from any funding agency"

134

135 6.4 Consent for publication

136 The patient's attendant has given written informed consent to publication of their case details.

137 6.5 Acknowledgements

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139 Technology Institute, Faridabad for the final identification of the isolate.

140

141 7. References

- 142 1. Skiada A, Pavleas I, Drogari-Apiranthitou M. Epidemiology and Diagnosis of Mucormycosis:
143 An Update. *J Fungi (Basel)*. 2020 Nov 2;6(4):265.
- 144 2. Kontoyiannis DP, Lionakis MS, Lewis RE, Chamilos G, Healy M, Perego C, *et al.*,
145 Zygomycosis in a tertiary-care cancer center in the era of Aspergillus-active antifungal therapy:
146 a case-control observational study of 27 recent cases. *J Infect Dis*. 2005 Apr 15;191(8):1350-
147 60.
- 148 3. Kumar S., Stecher G., Li M., Knyaz C., and Tamura K. MEGA X: Molecular Evolutionary
149 Genetics Analysis across computing platforms. *Molecular Biology and Evolution*;
150 2018; 35:1547-9.

- 151 4. Skiada A, Lass-Floerl C, Klimko N, Ibrahim A, Roilides E, Petrikkos G. Challenges in the
152 diagnosis and treatment of mucormycosis. *Med Mycol*. 2018 Apr 1;56(suppl_1):93-101.
- 153 5. Chakrabarti A, Marak RS, Shivaprakash MR, Gupta S, Garg R, Sakhuja V, *et al*. Cavitory
154 pulmonary mucormycosis caused by *Rhizopus homothallicus*. *J Clin Microbiol* 2010;48:1965–
155 9.
- 156 6. Kaur H, Kanaujia R, Rudramurthy SM. *Rhizopus homothallicus*: an emerging pathogen in era
157 of COVID-19 associated mucormycosis, *Indian J Med Microbiol* 2021;39(4): 473–4.
- 158 7. Chander J, Kaur M, Singla N, Punia R, Singhal S, Attri A, *et al.*, Mucormycosis: battle with
159 the deadly enemy over a five-year period in India. *J. Fungi* 2018;4:46.
- 160 8. Prakash H, Ghosh AK, Rudramurthy SM, Singh P, Xess I, Savio J, *et al.* A prospective
161 multicenter study on mucormycosis in India: epidemiology, diagnosis, and treatment. *Med*
162 *Mycol* 2019;57:395–402.
- 163 9. Patel A, Kaur H, Xess I, Michael JS, Savio J, Rudramurthy S, *et al.* A multi-centre observational
164 study on the epidemiology, risk factors, management and outcomes of mucormycosis in India.
165 *Clin Microbiol Infect* 2020;26:944. e9–944.e15.
- 166 10. G V. Rising *Rhizopus homothallicus*. *Indian J Med Microbiol*. 2022 Jan-Mar;40(1):175.
- 167 11. Cornely OA, Alastruey-Izquierdo A, Arenz D, Chen SCA, Dannaoui E, Hochhegger B, *et al.*,
168 Mucormycosis ECMM MSG Global Guideline Writing Group. Global guideline for the
169 diagnosis and management of mucormycosis: an initiative of the European Confederation of
170 Medical Mycology in cooperation with the Mycoses Study Group Education and Research
171 Consortium. *Lancet Infect Dis*. 2019 Dec;19(12):e405-e421.
- 172 12. Legouge C, Caillot D, Chrétien ML, Lafon I, Ferrant E, Audia S, *et al.*, The reversed halo sign:
173 pathognomonic pattern of pulmonary mucormycosis in leukemic patients with neutropenia?
174 *Clin Infect Dis*. 2014 Mar;58(5):672-8.
- 175 13. Smith JA, Kauffman CA. Pulmonary fungal infections. *Respirology*. 2012;17(6):913–926.
- 176 14. Fernandez JF, Maselli DJ, Simpson T, Restrepo MI. Pulmonary mucormycosis: what is the best
177 strategy for therapy? *Respir Care*. 2013 May;58(5):e60-3.
- 178 15. Compain F, Aït-Ammar N, Botterel F, Gibault L, Le Pimpec Barthes F, Dannaoui E. Fatal
179 Pulmonary Mucormycosis due to *Rhizopus homothallicus*. *Mycopathologia*. 2017 Oct;182(9-
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