Mucormycosis is an emerging problem attributing to an increase in infection related mortality especially in the immunocompromised host. The aim of the study is to evaluate clinical characteristics and treatment outcome in pediatric oncology patients with mucormycosis in children cancer hospital 57357, Cairo, Egypt. A retrospective study during the period 2007-2013. The data analysis of mucormycosis was done including demographic data, patient’s diagnosis, risk factors, Diagnostic work up, anti mycosis was made according to EORTC/MSG criteria (2008). During the study period, 28 patients developed proven mucormycosis. Mean age was 8 years (range 2-17). Male to female ratio 1:1. Diagnosis of mucormycosis was highest among patients with haematological malignancies. Twelve cases were acute myeloid leukemia (43%), 11 cases acute lymphoblastic leukemia (39%), and 1 case of NHL. Mixed infection with Asperigillosis was detected in (14%) of patients. Other mixed sites included: rhino-cerebral (n=2), rhino-pulmonary (n=2), pulmonary-cutaneous (n=2), and gastrointestinal-cutaneous (n=1). No disseminated infection was detected. Diagnosis was established by histopathological tissue examination in 86% of patients, while the rest was confirmed by microbiological blood and tissue cultures. The isolated organisms were rhizomucor, mucor and rhizopus species. Liposomal amphotericin B was the mainstay of Antifungal treatment. Posaconazole was used in (21%) of cases as secondary prophylaxis. Surgical debridement was achievable in 46% of cases. Complete response to anti fungal treatment was achieved in 85%, while Mucormycosis related mortality was 15%. Morbidity outcome was 17% (2 cases with disfigurement, 1 case with pneumothorax,1 case with perforated viscous and 1 case with perforated hard palate).

**Background**
Mucormycosis is an emerging problem attributing to an increase in infection related mortality especially in the immunocompromised host.

**Objectives**
A retrospective study during the period 2007-2013. The data analysis of mucormycosis was done including demographic data, patient’s diagnosis, risk factors, Diagnostic work up, anti mycosis was made according to EORTC/MSG criteria (2008).

**Methods**
A retrospective study during the period 2007-2013. The data analysis of mucormycosis was done including demographic data, patient’s diagnosis, risk factors, Diagnostic work up, anti mycosis was made according to EORTC/MSG criteria (2008).

**Results**
During the study period, 28 patients developed proven mucormycosis. Mean age was 8 years (range 2-17). Male to female ratio 1:1. Diagnosis of mucormycosis was highest among patients with haematological malignancies. Twelve cases were acute myeloid leukemia (43%), 11 cases acute lymphoblastic leukemia (39%), and 1 case of NHL. Mixed infection with Asperigillosis was detected in (14%) of patients.

Other mixed sites included: rhino-cerebral (n=2), rhino-pulmonary (n=2), pulmonary-cutaneous (n=2), and gastrointestinal-cutaneous (n=1). No disseminated infection was detected. Diagnosis was established by histopathological tissue examination in 86% of patients, while the rest was confirmed by microbiological blood and tissue cultures. The isolated organisms were rhizomucor, mucor and rhizopus species. Liposomal amphotericin B was the mainstay of Antifungal treatment. Posaconazole was used in (21%) of cases as secondary prophylaxis. Surgical debridement was achievable in 46% of cases.

**Contact Information**
Reham AbdelAziz Khedr, MD
Pediatric Oncology Consultant, CCHE 57357
Lecturer of Pediatrics Oncology, NCI, Cairo University
Mob: +02-0111100910
E-mail: reham.abdelaziz@57357.com