

Abstract

Invasive fungal sinusitis is a cause of significant morbidity and mortality among immunocompromised patients around the world. Early recognition and treatment with surgical debridement and systemic antifungals are essential to save lives and prevent disability. However potential adverse effects of these medications need to be anticipated.

A 45-year-old lady with risk factors for immunosuppression including poorly controlled type 2 diabetes mellitus and recent COVID-19 infection presented with features of rapidly worsening diplopia and left eye congestion. The examination was consistent with a left-sided orbital apex syndrome. Neuroimaging confirmed a possible fungal sinusitis extending into the left orbit and cavernous sinus. Surgical debridement of necrotic tissue was done with orbital decompression. Microbiological studies of the debris revealed infection by *Aspergillus flavus*. In keeping with hospital guidelines voriconazole was started. The patient developed psychotic symptoms which completely resolved when voriconazole was withheld from the treatment.

Although rare, voriconazole-induced psychosis should be an adverse effect recognized by treating clinicians. It poses both a diagnostic and therapeutic dilemma. Drug level monitoring may help to avoid substituting this effective drug with other less effective antifungals for life-threatening aspergillus infections.