Mucormycosis is a fungal infection disease caused by a zygomycetes fungus in the Mucorales family. It is particularly noticed in immunocompromised and diabetes mellitus (DM) patients. Patients may be infected by inhalation, wounds contamination and burns or skin dehiscence. The pulmonary and rhino-encephalic forms are the most common clinical presentation (CP) of this infection. The clinical manifestations are nonspecific and vary depending on the CP, fact that favors its difficult diagnostic asymptomatic. The purpose of this study is to describe the findings of autopsy cases and make a clinical correlation of patients with mucormycosis.

**METHODS**

An observational, descriptive and retrospective study report of autopsies between January 2005 and December 2017 from USP Pathology service linked to HUS. A correlation between final diagnosis of mucormycosis and pathological results was performed.

**RESULTS**

We reviewed 2952 autopsy reports. There were found 19 cases of mucormycosis (0.69% of prevalence). 15 were male (84.2%), and 4 were female (55.8%), average age 56.3 years. The main associated condition was DM. 6 cases (31.6%) followed by immunosuppression 5 (26.3%), in which 3 cases were VfH and 2 cases were related to drugs. Less frequently, the infection with 3 (15.8%) cases, neoplasia and newborns 2 cases each (10.52%) and pregnancy with 1 (5.26%) were registered. The pulmonary presentation was the most common 16 (84.2%), and the lung was the most affected organ 14 cases (73.6%). The morphologic characteristics and other clinicopathological findings are described on the table 1.

**CONCLUSION**

Mucormycosis is characterized as an unusual, difficult diagnosis and rapidly changing infection. It has frequently fatal outcome. Patients with dememorized DM and immune system disorders are predominantly infected. Different CP of mucormycosis affects diverse organs. However, the pulmonary system and lungs are the most compromised at all.

**REFERENCES**