

DEEP FUNGAL INFECTIONS – THE MASQUERADER

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Deep fungal infections are increasingly recognized as significant causes of morbidity and mortality, particularly in immunocompromised and critically ill patients. Often termed “the masquerader,” these infections mimic a wide spectrum of diseases including tuberculosis, malignancy, autoimmune disorders, and bacterial infections, leading to frequent misdiagnosis and delayed treatment. The epidemiology of deep mycoses has evolved with the rising prevalence of conditions such as diabetes mellitus, HIV infection, organ transplantation, and widespread use of immunosuppressive therapies. Common etiological agents include *Aspergillus*, *Candida*, *Cryptococcus*, and endemic fungi such as *Histoplasma*. Clinical manifestations are protean, ranging from indolent chronic illness to rapidly progressive, life-threatening disease involving the lungs, central nervous system, or disseminated organs. Diagnosis remains challenging due to non-specific clinical features and overlapping radiological findings. High clinical suspicion, combined with targeted investigations such as fungal cultures, histopathology, antigen detection, and molecular diagnostics, is essential for timely identification. Imaging modalities like HRCT often provide critical clues but are rarely definitive. Early recognition is crucial as delayed therapy significantly worsens outcomes. Advances in antifungal therapy have improved prognosis; however, issues such as drug resistance, toxicity, and limited accessibility persist, particularly in resource-limited settings. In conclusion, deep fungal infections demand heightened awareness among physicians. Recognizing their masquerading nature is vital for early diagnosis and prompt management, ultimately reducing morbidity and mortality.

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