49-year-old man presented with complaints of left-sided nasal stuffiness, peri-orbital pain and double vision. He did not have any other systemic complaints and was non-pyretic. He was known to have hypertension and diabetes, for which he had been taking oral medication for nine years, controlled based on random blood sugar testing at home with a glucometer (range of 140 to 200 mg/dl).

The man had recovered from COVID-19 just three weeks earlier; he had developed pulmonary involvement due to COVID-19. His inflammatory markers were also raised. He was treated with intravenous methylprednisolone 40 mg daily for 5 days, followed by oral prednisolone in tapering doses for 15 days, for moderate to severe COVID-19 disease. During this phase of treatment with IV steroids, the patient’s blood sugar values were uncontrolled and he was prescribed insulin to improve blood sugar control. One week after completing the course of steroids, he presented to the ophthalmology clinic complaining of double vision.

On examination, the patient had mild proptosis of the left eye (Figure 1) and a diagnostic nasal endoscopy was suggestive of an eschar in the nostril over the middle turbinate. A contrast-enhanced MRI of the paranasal sinuses and the brain (Figure 2) demonstrated left ethmoid sinusitis (arrow) with a medial orbital abscess that was not taking up contrast (*). A diagnosis of post COVID-19 invasive fungal sinusitis with orbital involvement, presumed rhino-orbital mucormycosis, was made.