

(a)

(b)

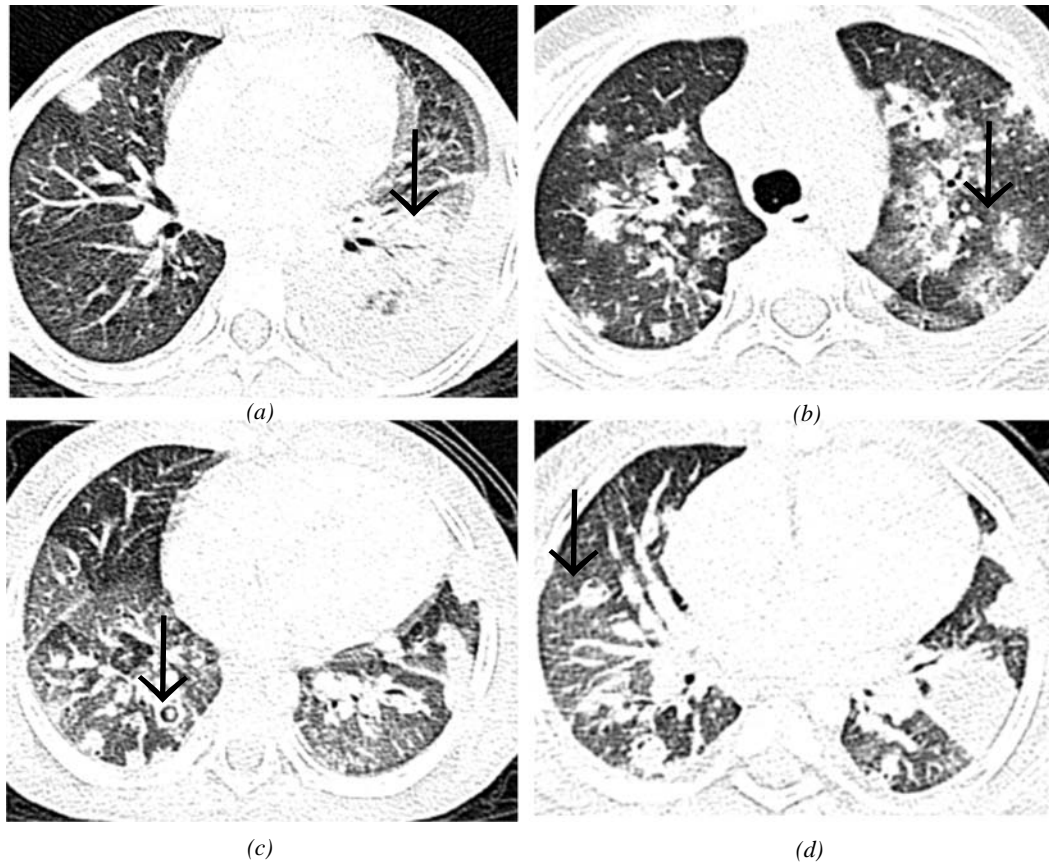
**WEB FIG. 1** Sinonasal mucormycosis with intracranial spread (a) (NCCT paranasal sinuses) reveals a destructive lesion involving the ethmoid sinuses and left orbit (arrow); (b) CECT brain reveals left frontal lobe abscess (arrow) with significant edema.



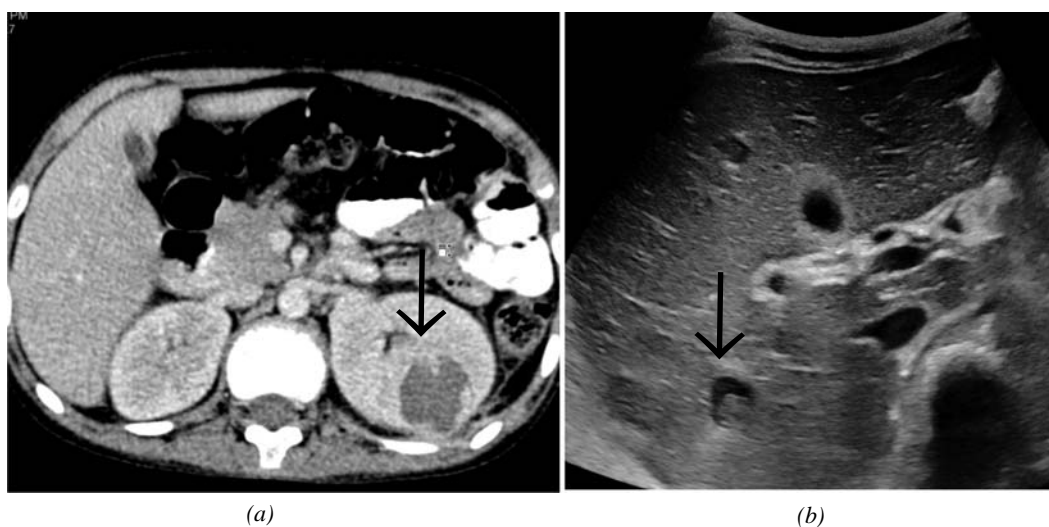
(a)

(b)

**WEB FIG. 2** Sinonasal invasive fungal infection (a) NCCT paranasal sinuses bone window reveals an expansile soft tissue lesion with bony erosion in anterior nasal cavity (arrow) and mucosal thickening of both maxillary sinuses; (b) Brainstem hemorrhage in a child with disseminated aspergillosis.



**WEB FIG. 3** *Imaging spectrum of pulmonary invasive fungal infection. Presentation with multifocal nodules and consolidations (a); multiple nodules with surrounding ground glass halo (b) or areas of ground glass opacities . An imaging sign of response to treatment includes appearance of cavitation and crescent sign (c,d).*



**WEB FIG. 4** *(a) CECT abdomen reveals a focal hypodense left renal lesion (arrow)suggestive of abscess; (b) Abdominal ultrasound showing multiple hypoechoic focal liver lesions, few showing liquefaction (arrow).*