

# Aspergilloma

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A 77 year-old patient, ex-smoker (100 pack/years) with a history of pulmonary fibrosis and right lower lobectomy due to lung cancer, was referred for evaluation of dyspnea on exertion, cough and chest X-ray findings showing a huge cavity in the right upper lobe. The patient was under hypercarbic respiratory failure, afebrile, with no sinus tachycardia, normal blood pressure and no apparent haemoptysis. On laboratory examination the serum C-reactive protein (CRP) was 4.03 mg/dL and the blood white blood cell (WBC) count was 7,690 cells/ $\mu$ L, with a normal eosinophil count (30 cells/ $\mu$ L). Chest X-ray (image 1) and high-resolution computed tomography (CT) scan (image 2) showed a huge cavity in the right upper lobe, with clump material inside but without air-fluid levels ("crescent-sign"). Findings were compatible with aspergilloma within pre-existing lung cavity (cystic bronchiectasis) and therefore the patient was treated conservatively.



**EIKONA 1**



**EIKONA 2**

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