Aspergilloma on the ground of previous necrotizing pneumonia

Eleni Bibaki,
Irini Pasparaki,
Christoula Petraki,
Emmanouil Ferdoutsis,
Georgios Meletis

Pneumonology department,
Venizeleio-Pananeio General Hospital
of Heraklion, Crete, Greece

A 47 year old ex-smoker female was admitted to our hospital due to severe hemoptysis and worsening dyspnea and cough, started three days prior to admission. The patient had a history of multiple lung abscesses and empyema of the right lung that required surgical intervention in 1986 and a right lower lobectomy in 1988 due to bronchiectasis and recurrent lung infections. At her last follow up in Israel in 2014, a cystic lesion with a gas-fluid level was detected, but she didn't receive any treatment for that. During the previous years the patient did not refer to a chest physician for follow up or for any new symptoms.

On admission, the patient was hemodynamically unstable and had respiratory insufficiency. Despite the initial management of the patient, the hemoptysis was only partly faded and there was radiologic worsening. CT scan was performed showing a thick-walled cyst at the right upper lobe with another lesion to be detected inside the cyst. The sputum culture grew Aspergillus Niger, while the rest microbiologic and serological tests were negative. Pulmonary Aspergilloma was considered the most likely diagnosis and antifungal medication (Voriconazole) was added to her therapeutic regimen with a progressively improvement of her clinical status and the complete remission of the hemoptysis. Fifteen days later, quite stable, she was transferred back to her country (Israel) at a thoracic surgery department, where a non-invasive management was decided. Six months later, the patient was clinically and radiologically improved and no recurrence has been observed to date.

The diagnosis of pulmonary aspergilloma should be included in the differential diagnosis also for immunocompetent patients with structural abnormalities of the lung parenchyma[1].

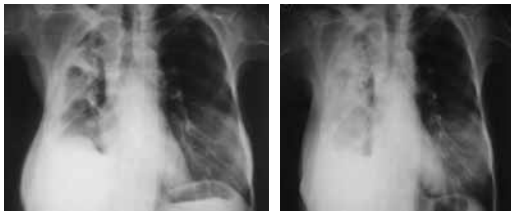

FIGURE 1. Reduced volume of right lung, airspace opacity and radiolucency areas.

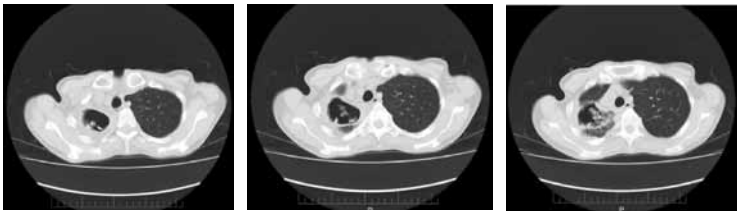

FIGURE 2. Thick-walled cyst at the right upper lobe with another lesion to be detected inside.

Correspondence :
Emmanouil Ferdoutsis, Department of Thoracic Medicine, "Venizeleion" General Hospital of Heraklion, Crete, Greece;
E-mail: manolis19@yahoo.gr

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