

The Scab Sign

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A sixty year-old lady presented with an episode of massive hemoptysis. She had intermittent cough, streaky hemoptysis since two years and pulmonary tuberculosis nine years ago. General and systemic examination was normal except bronchial breathing in the right upper lobe with bilateral crackles. Her blood investigations unveiled diabetes mellitus. Chest X-Ray confirmed a right upper lobe fibrotic collapse. The high resolution computed tomography of thorax reported fibrocystic destruction of right upper lobe, an aspergilloma and a "Scab sign" seen along the superior aspect with fibrocystic destruction of right and left lower lobe (Fig. 1). The bronchoscopy and microbiology testing yielded negative results for fungus and tuberculosis. The patient was diagnosed as a case of chronic pulmonary aspergillosis (CPA)-simple aspergillomas and managed conservatively. The scab sign is characterised by a focal irregular/spiky cavity wall thickening, correlating pathologically with a fibrinopurulent mass and/or blood crust and clinically indicating the site and predisposition to hemoptysis in CPA.¹ CPA cases consists of simple aspergillomas vs chronic cavitory/necrotizing pulmonary aspergillosis (CCPA/CNPA). Both may demonstrate hemoptysis as a presenting symptom. While simple aspergillomas have an indolent course and are managed conservatively, CCPA/CNPA also previously known as semi-invasive aspergillosis have symptomatic progressive disease and require treatment with anti-fungal therapy/surgery.²



FIGURE 1.

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