Invasive Pulmonary Aspergillosis Presenting with Tracheobronchial Involvement

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Picture.

A 44-year-old female was admitted to our hospital due to pyrexia and an abnormal chest shadow during treatment with an oral corticosteroid for eosinophilic pneumonia. The serum levels of β -D-glucan and galactomannan antigen were

elevated, but the precipitating antibodies to *Aspergillus* were negative. Bilateral non-segmental consolidations were observed on chest images. Bronchoscopy showed multiple mucosal lesions with central ulceration (Picture A), which extended from the trachea to the bilateral bronchus. Fungal filaments were observed in a bronchial biopsy specimen, and *Aspergillus fumigatus* was cultured (Picture B; lactophenol cotton blue stain). Despite the administration of caspofungin, voriconazole and liposomal amphotericin-B, the patient died of acute respiratory distress syndrome (Picture C). Angioinvasion is the most common characteristic of aspergillosis in immunocompromised patients, and the presence of tracheobronchial lesions is a general manifestation of aspergillosis in lung transplant recipients (1, 2). We herein report a rare case of invasive pulmonary aspergillosis with tracheobronchial involvement in a patient with eosinophilic pneumonia who was receiving corticosteroids.

The authors state that they have no Conflict of Interest (COI).

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