



ORIGINAL RESEARCH PAPER

Medical Science

A RARE CASE OF BILATERAL APICAL ASPERGILLOMA

KEY WORDS:

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AIM:

To present a case of Aspergilloma in bilateral tubercular lung cavities and importance of early diagnosis and treatment.

Case presentation:

A 57 year old male, a known diabetic, well controlled with insulin therapy presented with h/o low grade fever, left sided chest pain, dry cough, loss of appetite for 6 months duration. His vitals were stable. Examination of respiratory system revealed signs of right pleural effusion and other systems were normal. The pleural fluid was an exudate. The cytology (lymphocytosis) and elevated ADA was suggestive of Tubercular etiology. The patient was started on Antitubercular therapy(14/2/2018). The CT chest revealed multiple thin walled cavitory lesions in both the upper lobes, the largest measuring 5.2 x 4.2cms in the left side and mass in the posterior segment of right upper lobe. A CT guided biopsy was done from right upper lobe lesion which revealed only a predominantly hyalinised tissue and necrotic material. Patient was readmitted on 10th July 2018, in view of left sided chest pain, cough and low grade fever. His vitals were stable. CVS and RS were clinically normal.

Laboratory investigations:

CBC (Hb - 9.0 gm%, TLC - 9000 cells/mm³, DC - N-76% L-24% M-0 E-2%), Serum electrolytes & RFT - Normal, HbA1c - 9.6%, FLP(TC - 222, TG - 307, HDL - 45, LDL - 95, VLDL - 61), HIV and HBsAg - NONREACTIVE. ECG and 2DECHO were normal. Sputum AFB was negative, Sputum examination with 10% KOH mount revealed fungal mycelia. fungal culture revealed *Aspergillus niger*.

Radiological investigations:

Chest X ray - bilateral aspergilloma, CECT chest - thick walled cavitory lesion with air crescent sign in bilateral upper lobes of lung indicative of tubercular cavity with fungal ball.

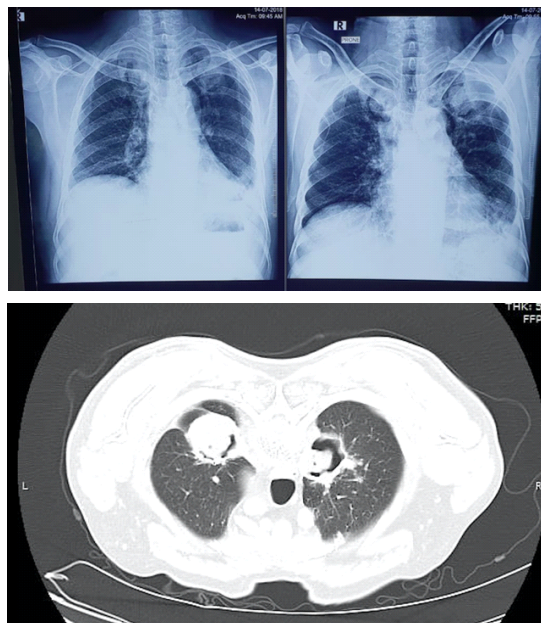
Diagnosis: Based on the history, clinical findings, laboratory and radiological reports diagnosis of aspergilloma was made.

Treatment:

As the patient was asymptomatic,he was treated only with voriconazole 200mg BD. Patient was under regular follow up.

DISCUSSION & CONCLUSION:

Aspergilloma represents a saprophytic growth of aspergillus that colonizes in the pulmonary cavities and is usually located in the upper lobes. Cavities of prior tuberculous infections are the most common spaces. Commonly aspergilliosis cause hemoptysis, but in our case there was no hemoptysis which is an atypical presentation. we have timely detected and treated the case with voriconazole. Patient responded well without any further complications like invasive aspergillosis and massive hemoptysis which was life threatening. In our institute which is a referral center for RNTCP, out of 126 TB cases in 2017, we came across only one case of bilateral aspergilloma. This constitute 0.8% in our institute.



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