

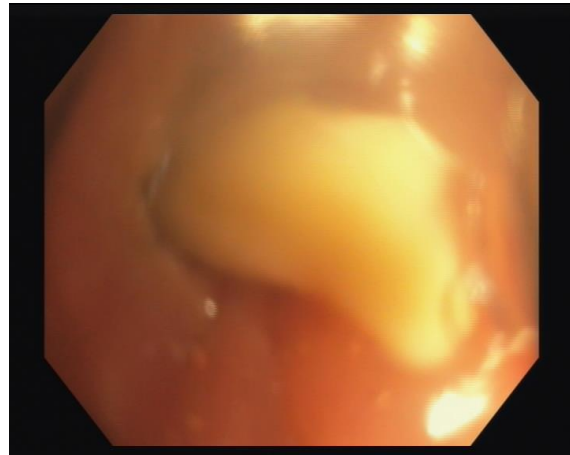
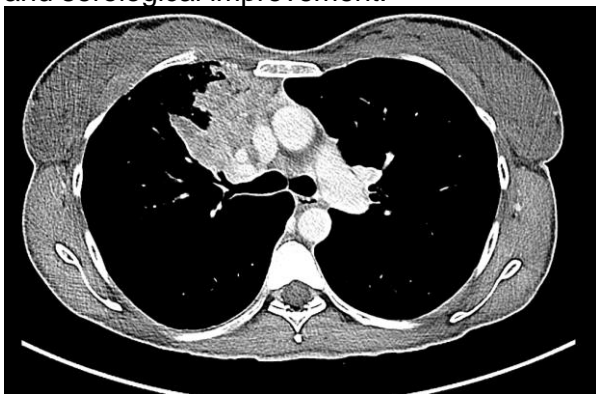
Allergic bronchopulmonary aspergillosis without asthma

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Background: Allergic bronchopulmonary aspergillosis (ABPA) most commonly occurs in patients with bronchial asthma, which may sometimes be absent. The majority (97%) of patients with ABPA without asthma have underlying lung diseases (e.g. TBC, bronchiectasis). Because of the absence of asthma, patients with ABPA without asthma are initially misdiagnosed as bronchogenic carcinoma, pulmonary tuberculosis and others.

Clinical Case: a 40 years-old woman with a right upper lobe pulmonary infiltrate had leucocytosis, hypereosinophilia, increased markers of inflammation. On bronchoscopy, the upper lobar bronchus mucosa was oedematous and hyperemic without irregularity, with purulent secretions obstructing the lumen. BALF and bronchial biopsies showed hypereosinophilia, fungal hyphae. Serum probes showed both total IgE and titers of specific IgE against *Aspergillus fumigatus* elevated. Lung function tests were normal. Thus, all the diagnostic criteria for ABPA were met except for the presence of asthma. We treated the patient with Voriconazol and Prednisone, with a rapid clinical, radiological and serological improvement.



Conclusions: Although our patient did not have asthma, she had raised total IgE. Therefore, sensitization to *Aspergillus* may have occurred followed by development of ABPA. The role of the anti-fungal, especially in chronic treatment, remains doubtful, as the main pathogenetic mechanism is the allergic reaction to the fungus and not the presence of the fungus itself. Compared to ABPA with asthma, ABPA without asthma appears to be related to less respiratory functional impairment and especially less tendency to relapse. ABPA without asthma appears to be a different subgroup of ABPA, with better lung function and fewer exacerbations. Bronchoscopy becomes decisive when the diagnostic criteria of ABPA are not completely fulfilled.

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References

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