

## ASPERGILLUS PASSIVE OR AGGRESSIVE?

E. Dumoulin<sup>\*a</sup> (Dr), A. Chee<sup>a</sup> (Dr) C. Mody<sup>a</sup> (Dr), M. Kelly<sup>a</sup> (Dr)

<sup>a</sup> University of Calgary, Alberta, CANADA

\* elaine.dumoulin@albertahealthservices.ca

This is a case report of a 48 y-o gentleman with a significant list of comorbidities. He was diagnosed at the age of 46 with Philadelphia-negative B-cell ALL. He received a haploidentical brother-brother ABO-incompatible allogeneic transplant. His post bone marrow transplant was complicated by chronic graft-versus-host disease, bronchiolitis obliterans and cryptogenic organizing pneumonia.

He developed bilateral **cavitary aspergillomas** (Figure 1). Endoscopic resection of his right upper lobe aspergilloma resulted in significant improvement of his symptoms including hemoptysis (Figure 2). On biopsy, the walls of the cavity were infiltrated by hyphae consistent with aspergillus, suggesting the fungus being the cause of the cavitary lesion and not the result of colonization (Figure 3).

A CT prior to the infection was completely normal with no evidence of scarring or cavitary disease. One month after the procedure, he had a tension pneumothorax with a persistent bronchopleural fistula that required endobronchial valves insertion. After three months, the valves were removed.

He received antifungal therapy with voriconazole and then posaconazole. His imaging showed resolution of the cavitary disease in his lungs and the aspergillomas (Figure 4).

**This an interesting case where the aspergilloma did not develop in a pre-existing cavity. Endoscopic removal of the fungus ball associated with antifungal treatment resolved both the fungal infection and the cavitary disease.**

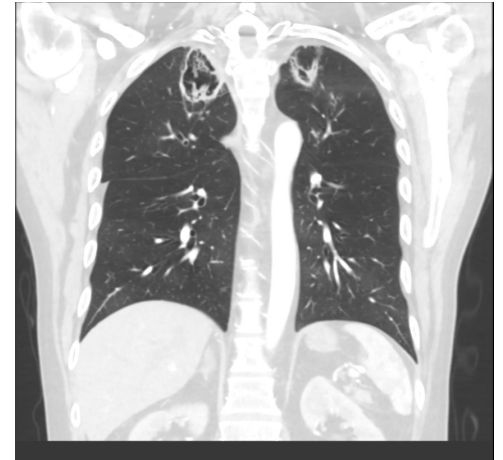


Figure 1 : Coronal view CT  
Pre endoscopic removal  
and antifungal treatment.



Figure 2. Hemoptysis  
with aspergilloma debris

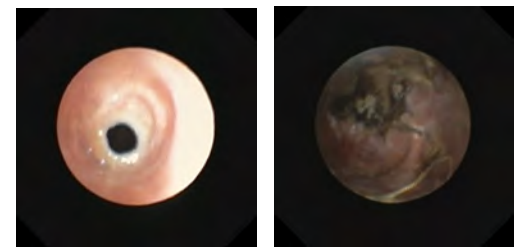


Figure 3. Endoscopic views of  
aspergilloma

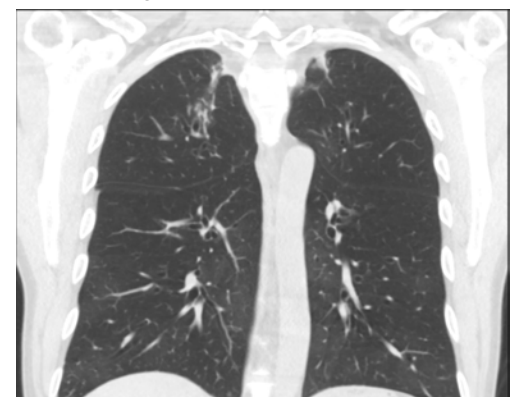


Figure 4 : Coronal view CT  
Post endoscopic removal  
and antifungal treatment.