Aspergilloma in a patient with a history of TB

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Accepted 3 February 2014

DESCRIPTION

An initial CT scan of the chest of a 73-year-old man showed an incidental 22-mm-wide cavitating lesion with a central small mass in the left upper lobe of his lung. He had a history of persistent cough with minimal expectoration for many years and was breathless on exertion. He never had haemoptysis. He had a history of tuberculosis (TB) from his childhood and had asthma. He had minimal change nephropathy diagnosed in 2000, of which he had several relapses over the past 9 years, responding to steroids. On examination, he

Figure 1 Coronal section of CT chest showing the 22 mm cavity in the upper lobe of the left lung with the central small mass consistent with an aspergilloma.

Figure 2 The same CT chest in different view using multi-planar reconstruction (MPR), demonstrating clearly the connection between the aspergilloma-containing cavity and the left main bronchus.

To cite: Singh H. *BMJ Case Rep* Published online: [*please include* Day Month Year] doi:10.1136/bcr-2013-203276

was found normal. Bronchial brushings showed fungal elements and blood tests confirmed *Aspergillus*.

He developed a left-sided chest discomfort and increased cough and sputum production whenever he lied on his back or left side, but with no haemoptysis. On review of the CT scan, it was demonstrated that the cavity containing the aspergilloma was connected to the left main bronchus, which would explain these slightly unusual symptoms (figures 1 and 2).

Learning points

- Aspergillomas, although usually asymptomatic, can produce more symptoms depending on the site.
- CT scan is useful to decipher the cause of increased symptoms in patients with Aspergilloma.[1 2]
- This case highlights that immunosuppression is a factor in the development and progression of aspergillus infections. This man had been repetitively treated with corticosteroids, which was the likely source of immunosuppression.[1 3]

Acknowledgements The author thanks Dr David Sword, her consultant, for providing her with the case and relevant background of the patient.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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