

Pulmonary *Aspergillus niger*

Key words: *aspergillus niger*, fungal ball, melanin



Figure 1. Chest computed tomographic film demonstrated a fungal ball in the left upper lung area.

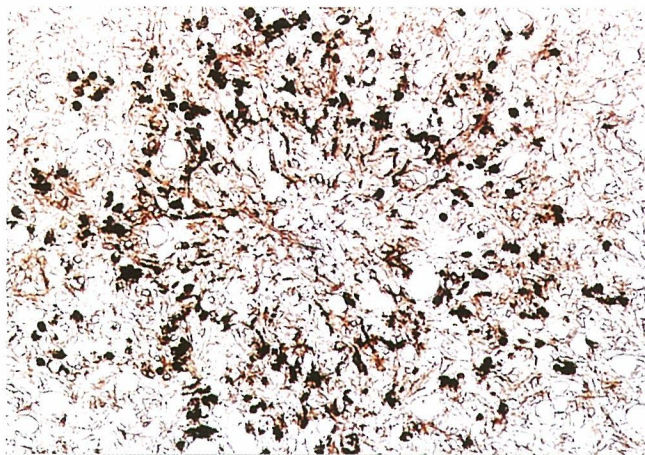


Figure 2. Melanin-producing spore formation and a globose conidial head were seen.

A 51-year-old man, who underwent left upper lobectomy for squamous cell carcinoma three years earlier, developed hemoptysis and chest computed tomographic film demonstrated a fungal ball in the left upper lung area (Fig. 1). Antibody to aspergillus was positive and oral itraconazole therapy was administered, but the patient demonstrated recurrent hemoptysis. Therefore, a 16-gauge central venous catheter was percutaneously inserted into the left upper cavity under ultrasound guidance. The specimen obtained from the cavity was black, but the culture was negative. Thereafter, amphotericin B was injected directly into the cavity at a dose of 20 mg per day three times per week for eight months and a gradual decrease of the fungal ball was observed. Unfortunately, the patient abruptly died of right tension pneumothorax. Necropsy of the fungal ball was performed. The fungal body was black with a non-staining specimen. Culture on a special fungal ground was negative. To distinguish melanin-producing species from black fungi, we performed Fontana-Masson staining (Fig. 2), which demonstrated melanin-producing spore formation. From the globose conidial head, we diagnosed this case as "*Aspergillus niger*".

Kan KATAYAMA, Tsuyoshi NAKAYAMA, Sukenari KOYABU, Tomoyasu TAGAMI*,
Shinsuke NOMURA** and Takeshi NAKANO**

The Department of Internal Medicine, Owase General Hospital, Mie, *the Department of Radiology, Ise Municipal Hospital, Mie
and **the First Department of Internal Medicine, Mie University, Mie

Received for publication April 14, 2003; Accepted for publication June 13, 2003

Reprint requests should be addressed to Dr. Kan Katayama, the Department of Internal Medicine, Owase General Hospital,
21-153 Noda, Tsu, Mie 514-0826