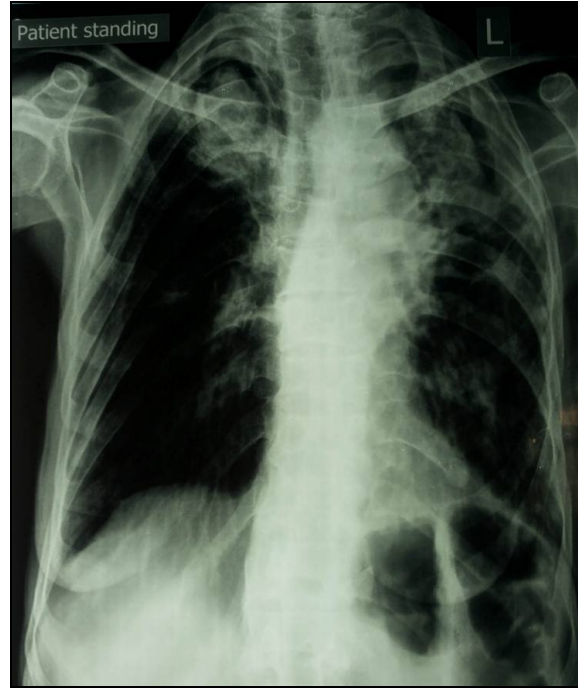


PICTORIAL

ASPERGILLOMA

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A 58 year old lady presented with a 20 days history of productive cough, hemoptysis and shortness of breath. The amount of blood in sputum had not increased over this period of time and total blood volume expectorated in 24 hour period was about 1 teaspoonful. The fever was continuous in nature and was not associated with sweating, rigors or weight loss. She was diagnosed with pulmonary tuberculosis 6 years ago and had taken anti-tuberculosis treatment albeit irregularly. Her father had taken anti-tuberculosis treatment when she was a child. X-ray chest showed a cavity in right apex with a mass in it surrounded by crescentic radiolucent shadow. A provisional diagnosis of aspergilloma was made based on the clinical history and typical radiological findings

Aspergilloma also known as mycetoma or fungus ball is a result of growth of aspergillus fumigatus in cavitory lesions in body. In the lung, it usually occurs in patients with normal immunity but structurally abnormal lungs, with pre-existing cavities. Pulmonary tuberculosis is the most common underlying condition and aspergillomas can be found in up to 80% of patients with pulmonary tuberculosis. Other pulmonary diseases associated with aspergillomas are bronchiectasis due to any cause, pulmonary sarcoidosis and bronchogenic cysts and pulmonary sequestration etc. Although most of aspergillomas are asymptomatic, hemoptysis is the most commonly present symptom which can become life threatening if an artery wall gets eroded. Depending on the symptoms, the treatment options for aspergillomas range from no treatment to antifungal agents, bronchial artery embolization and / or surgery.

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