

MUTILATING FUNGAL INFECTION - DIAGNOSTIC SURPRISE IN A PATIENT WITH POST TUBERCULOSIS SEQUELAE

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Introduction:

Chronic pulmonary aspergillosis can mimic tuberculosis infection, but at the same time can be an overlapping complication of post-tuberculosis sequelae.

Purpose:

Highlighting the diagnostic difficulties of chronic cavitary pulmonary aspergillosis in a patient cured of disseminated tuberculosis.

Material and methods:

A 43-year-old patient, ex-smoker (54 p/y), immunocompetent, diagnosed with disseminated tuberculosis (pulmonary, intestinal, otitis) at the age of 40 (sensitive strain of *M. tuberculosis* confirmed bacteriologically). Clinical improvement was observed after 12 months of first-line anti-tuberculous drug regimen. For the next 2 years he was monitored annually by chest X-ray and bacteriological examination of the sputum.

Results:

Relapse of tuberculosis infection was suspected in 2 years after completion of treatment, due to repeated episodes of hemoptysis, cough with purulent sputum (60 ml/day), weight loss of 6 kg during the last 3 months, fatigue and night sweats. *M. tuberculosis* infection was excluded by negative molecular and bacteriological tests.

Thoracic HRCT identified cylindrical bronchiectasis and a lung cavity with *fungus ball* in each upper lobe of the both lungs. The serum level of IgG for *A.fumigatus* within normal limits, no growth of any *Aspergillus* spp. has been identified by sputum culture.

Empirical antifungal therapy with itraconazole resulted in improvement of the symptoms and the absence of hemoptysis episodes.

Conclusions:

The case highlights the diagnostic difficulties of fungal infections in a patient with post tuberculosis sequelae in a country with an increased incidence of tuberculosis infection within settings of limited accessibility to modern diagnostic methods for *Aspergillus* spp.

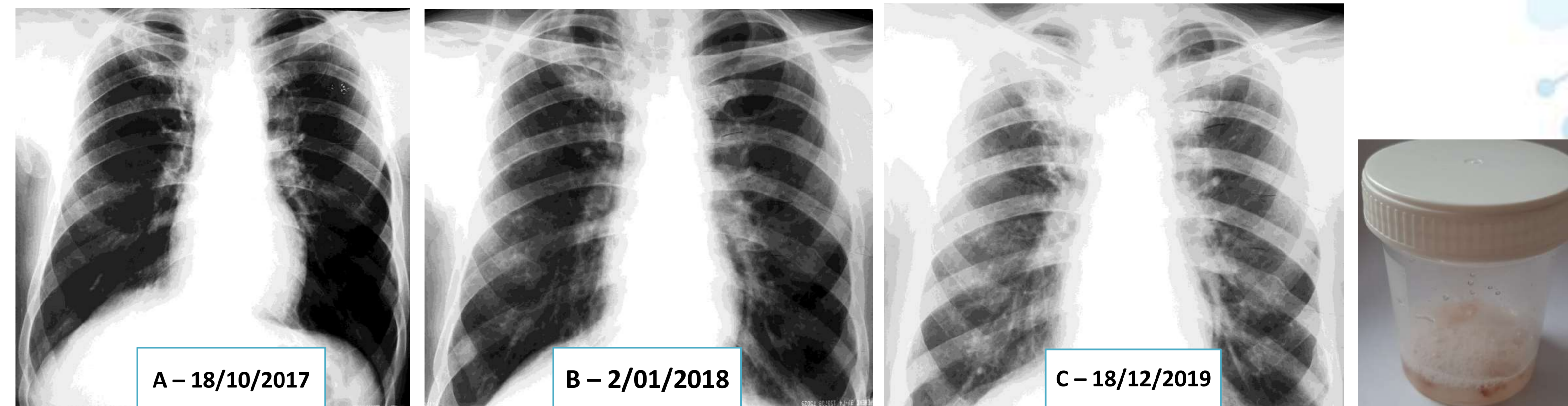


Figure 1. Follow up chest radiographies (A-C) shows interval development of **fungus ball** in the cavities.

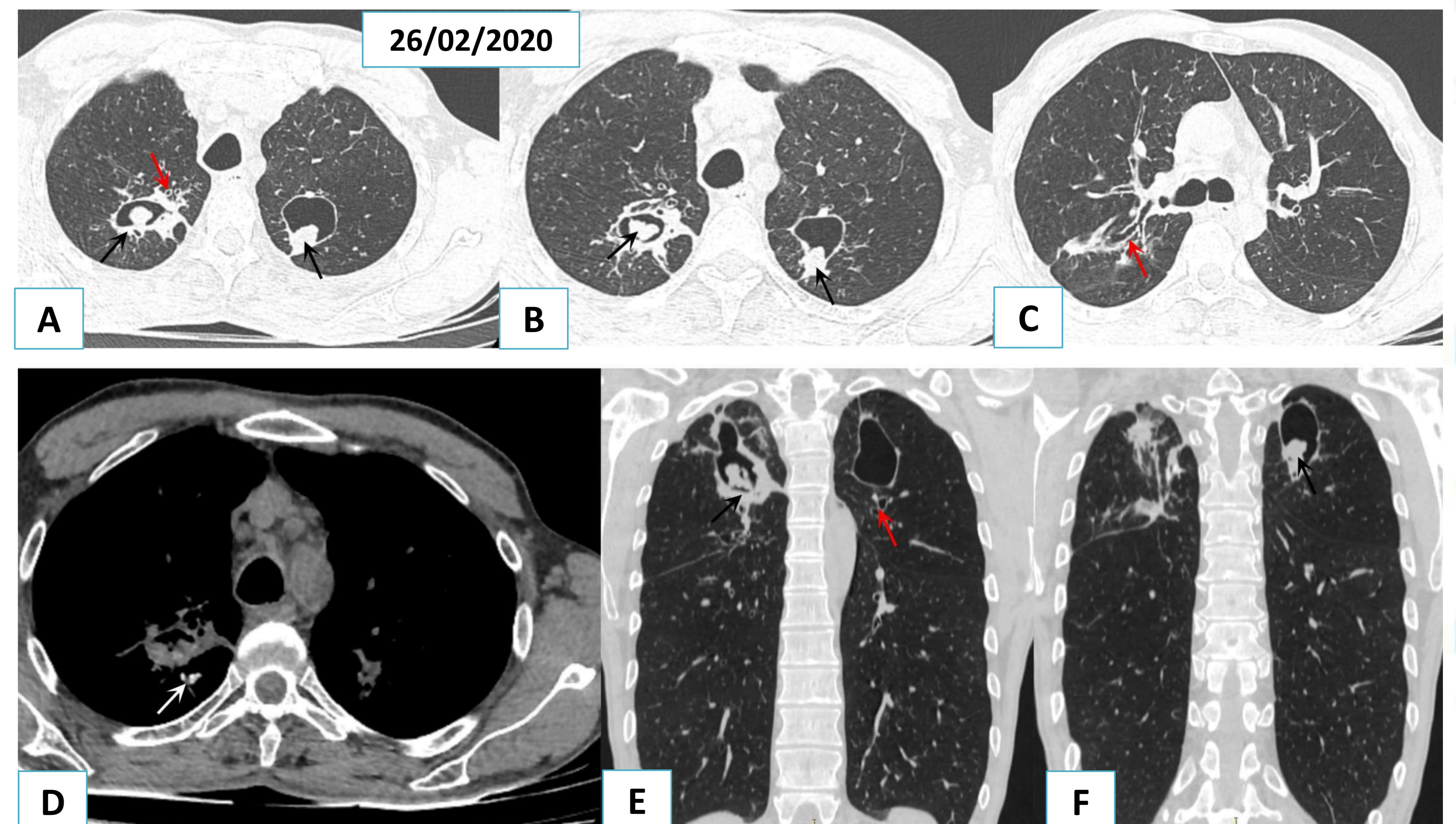


Figure 2. Chest HRCT showing bilateral cavitation with fungal ball, fibrosis and traction bronchiectasis suggestive of chronic fibrosing pulmonary aspergillosis.

Axial CT images (A, B) and coronal reconstructions (E, F) show a **mycetoma** (black arrows) with **air-crescent sign** in preexisting cavities. Pleural thickening, bronchiectasis (red arrows), several calcifications (D -white arrow) and tree-in-bud nodules are noted.