

90. PULMONARY ASPERGILLOSIS: NEW HORIZONS

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Introduction. *Aspergillus* species are ubiquitous fungi, their spores being found anywhere in the environment. For humans, they play the role of opportunistic pathogens. Colonization, infection and disease develop in certain circumstances, in persons with predisposing conditions: modifications of the lung structure and function, allergy, neutropenia and immunodeficiency. According to foreign reports, aspergillosis is a relatively frequent complication for a range of underlying pulmonary and systemic disorders. Unfortunately, in our country, the number of diagnosed and reported cases of aspergillosis is insignificant. This is enhanced by lack of an integrated, single classification, used as a tool for diagnosing and treating; by failure to suspect the disease in at-risk patients. Therefore, the most of the patients are undiagnosed or misdiagnosed, thus, as a consequence, mistreated. This paper has the main objective to give clinicians and young doctors a tool to understand, suspect, then to confirm or rule out aspergillosis in patients with risk and highly suggestive clinical picture. A second objective was to present cases of pulmonary aspergillosis diagnosed in our country.

Materials and methods. The study includes review of literature on the subject: meta-analyzes, clinical guidelines, trials and articles addressing the broad field of lung aspergilloses, sometimes confuse, with overlapped clinical forms, with different terms used by clinicians, radiologists and morphologists to describe the same entity. We have analyzed the main types of pulmonary aspergillosis; their epidemiology, morphological, clinical and imaging aspects; current recommendations on treatment. For clinical cases we used the “Ch. Draganiuc” Pneumophthisiology Institute archive.

Discussion. The innovations brought by the research are: a new classification of pulmonary aspergillosis clinical forms with definite, integrated terms used for them; a comprehensive description of main clinical and imagistic aspects and the most up-to-date recommendations on treatment. Also, we have described 3 clinical cases of pulmonary aspergillosis: (1) a case of allergic bronchopulmonary aspergillosis, (2) a case of post-TB simple aspergilloma and (3) a case of subacute invasive aspergillosis, in a patient with a 20-year-old history of asthma.

Conclusion. The work presents a new, updated and integrated view on the issue and urges practitioners to take a closer look on the new horizons revealed in pulmonary aspergillosis.

Key words: pulmonary aspergillosis, neutropenia, immunodeficiency, allergy.