



Allergic Bronchopulmonary Aspergillosis

Allerjik Bronkopulmoner Aspergillozis

Jason Chertoff , Ali Ataya

University of Florida College of Medicine, Division of Pulmonary, Critical Care, and Sleep Medicine, Gainesville, FL, USA

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ORCID IDs of the authors: J.C. 0000-0002-0572-5778; A.A. 0000-0001-8505-1680.

A 28-year-old male with a history of well-controlled asthma presented with complaints of pleuritic chest pain in the left side since 3 weeks. He had been previously examined by his primary care physician and prescribed azithromycin for presumed bronchitis. Chest X-ray showed a large mass-like opacity in the lingula (Figure 1). Chest computed tomography (CT) revealed a heterogeneous mass-like consolidation in the left lower lobe, exerting a mass effect on the adjacent pulmonary vasculature and left hilum (Figure 1). Bronchoscopy showed a proximal, partially obstructing submucosal mass in the left upper lobe. Trans-bronchial biopsies of the superior lingular segment of the left upper lobe were performed. Histopathological examination of the biopsy specimen revealed markedly inflamed bronchial mucosa consisting of lymphocytes, plasma cells, eosinophils and rare fungal hyphae, which were consistent with allergic bronchopulmonary aspergillosis (ABPA). Follow-up laboratory examination revealed markedly elevated serum immunoglobulin E level (3065 kU L-1) and sensitivity to *Aspergillus fumigatus* (9.62 kU L-1). The patient was administered prednisone and itraconazole and showed marked clinical improvement.

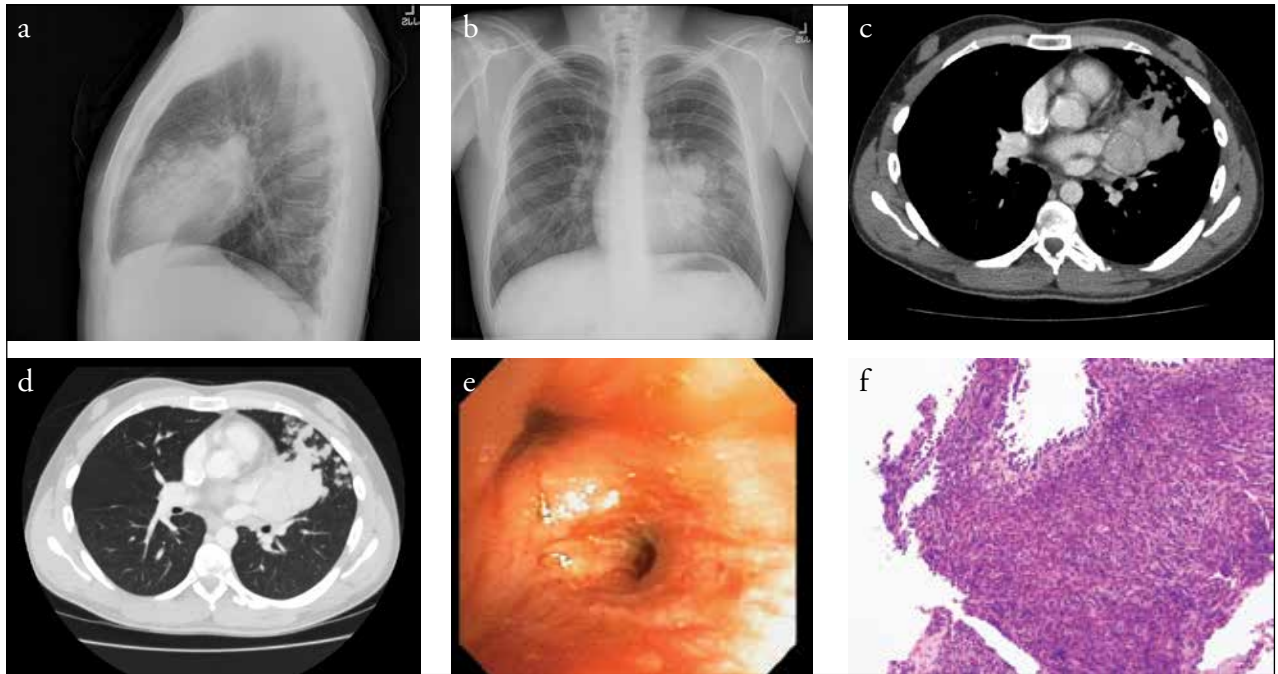


Figure 1. Chest X-ray showing a mass-like opacity in the lingula (Panel A). Axial CT (mediastinal windows) showing the mass along with hilar lymphadenopathy (Panel B). Bronchoscopic images of the mass partially obstructing the lingula (Panel C). Pathological slides showing inflammation with lymphocytes, plasma cells, eosinophils and rare fungal hyphae (Panel D)