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Abstract (publication only)

Invasive pulmonary aspergillosis and zygomycosis in an AIDS patient

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Introduction: Fungal Invasive filamentous lung infections are very rare conditions in AIDS but must be considered in patients with profound immune suppression. Clinical case: A 34-year-old female was admitted to our Unit in January 2010 with Listeria monocytogenes meningitis. She had a known history of AIDS and a plasmablastic lymphoma of the oral cavity diagnosed one month before admission and was on antiretrovirals and chemotherapy since then. She improved under antibiotic therapy but after the third week in hospital, she developed persistent cough, low grade fever, dyspneia and hypoxemia. The thoracic CT scan revealed interstitial infiltrates and cavitation on the upper right lobe. A bronchofibroscopy revealed a grayish lesion on the wall of the main right bronchus, macroscopically described as “caseous granulomas”. Microbiological examination of BAL was negative. Antituberculous therapy was started without improvement. Histology of bronchial mucosa revealed extensive necrosis with fungal hyphae suggestive of Mucor. Another bronchoscopy was done and histology confirmed aspects of Mucor and CMV infection. The patient started liposomal amphotericin B and valganciclovir for pulmonary mucormycosis and CMV peumonia with clinical and radiological improvement. She completed 3 weeks on amphotericin B and switched to posaconazole due to hypokalaemia and to enable oral dosing.Despite a reduction of the cavitation and improvement of lung infiltrates, it was considered wiser to do a lobar lung resection that was performed on the 36th day of antifungal therapy. Histology revealed a cavitation containing grayish white material, with extensive necrosis and numerous hyphae compatible with Aspergillus and Mucor. Oral posaconazole was maintained for two months and she resumed treatment for lymphoma with local radiotherapy. She remains without evidence of lymphoma or fungal lung infection. Discussion: The clinical presentation of fever and prolonged respiratory symptoms with pulmonary cavitation suggested tuberculosis. The endobronchial mucous material described as “caseous granulomas” was in fact endobronchial mucormycosis. Surgical approach was essential, in spite of clinical improvement with antifungal therapy. The concomitant finding of pulmonary aspergillosis and zygomycosis in the surgical specimen confirms the profound delicateness of patients with severely compromised immune systems.