

Aspergilloma

It is one of the most common forms of aspergillosis. Its made up of **hyphae conglomerate, mucus, fibrin and inflammatory cells** in a pre-existing **cavity** in the lungs.

Clinical presentation

The conglomerate can move within the cavity, but usually does not penetrate the surrounding parenchyma or blood vessels. The lesions usually remain permanently, although sometimes they may shrink or spontaneously disappear, and may rarely enlarge. In some cases, they can cause heavy bleeding by damaging the bronchial vessels or the vessels surrounding the cavities. Predisposing factors for the development of aspergilloma can be previously made pathological cavities, such as conditions after tuberculosis, sarcoidosis, bronchiectasis, bronchial cysts, ankylosing spondylitis or lung infections.



Aspergillomas to tuberculosis complications

Symptoms

Most patients will present with hemoptysis, which can be mild but also life-threatening. Other symptoms include cough, dyspnoea and fever.

Diagnostics

The diagnosis is based on an X-ray or CT scan of the chest, which shows the site of lung lesion. Sputum culture is positive in only 50% of cases, whereas IgG antibodies against *A. fumigatus* are present in most of the cases.

Treatment

Treatment is started when the patient is symptomatic, especially after the progress of haemoptysis. The drug of choice is itraconazole. Surgical resection of aspergilloma is commonly indicated for recurrent hemoptysis. Bronchial artery embolization is recommended in patients with life-threatening hemoptysis.

Links

Related articles

- Aspergilóza
- Alergická bronchopulmonální aspergilóza (ABPA)
- Chronická nekrotizující aspergilóza
- Invazivní aspergilóza
- Aspergilové infekce
- Invazivní mykotické infekce

External links

- Pulmonary aspergilloma, MedlinePlus (<https://medlineplus.gov/ency/article/000127.htm>)

References

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