

Clinical Image

Fatal Pulmonary Aspergillosis in a Patient with Glioblastoma

Oikonomou KG^{1*}, Vlachostergios PJ¹, Aye M¹ and Apergis G²

¹Department of Medicine, New York University School of Medicine, USA

²Division of Pulmonary and Critical Care Medicine, New York University School of Medicine, USA

*Corresponding author: Oikonomou KG, Department of Medicine, New York University School of Medicine (Brooklyn Campus), NYU Lutheran Medical Center, 150 55th Street, Brooklyn, NY 11220, USA

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A 58 year old man with glioblastoma on chemotherapy presented with altered mental status and generalized weakness for a week. Chest X-ray disclosed a 6.6 cm thick-walled cavitating lesion in the right hilar region (Figure 1A). Computed tomography (CT) of the chest showed patchy areas of alveolar consolidation throughout the right lung with scattered areas of atelectasis, a cavitary lesion in the mid right lower lobe and bilateral effusions (Figure 1B). Sputum culture and bronchoalveolar lavage showed growth of *Mycobacterium tuberculosis* and *Aspergillus fumigatus* (Figure 1 C,D). Standard four drug antituberculous therapy (RIPE) was initiated; however, patient's clinical condition continued to deteriorate and he expired 3 days later. Invasive aspergillosis is associated with high morbidity and mortality in immunocompromized hosts and high clinical suspicion is required for early diagnosis and treatment.

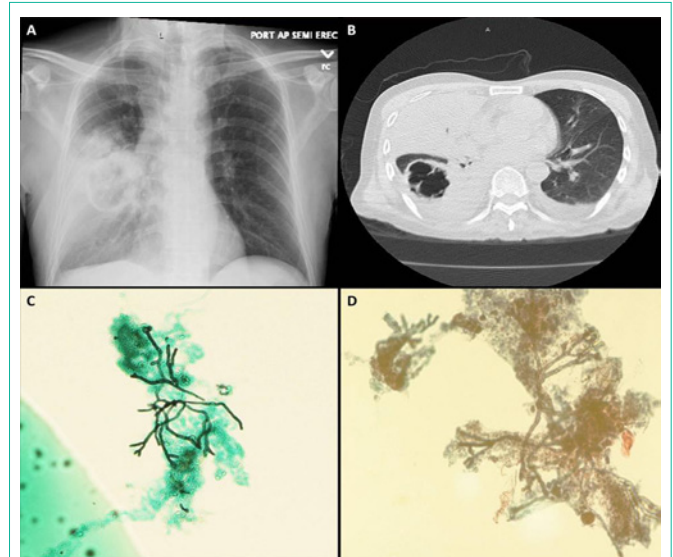


Figure 1: