Images in *Thorax*

Pseudomembranous invasive tracheobronchial aspergillosis

Invasive aspergillus tracheobronchitis is a rare infectious complication in severely immunocompromised patients who are generally neutropenic with haematological diseases, AIDS, or after solid organ transplantation. However, a few cases have been reported with no apparent severe compromise in the host defences.[1] Aspergillus tracheobronchitis varies from localised tracheobronchitis discovered incidentally at necropsy to more or less extensive bronchial obstruction contributing to respiratory failure. The pseudomembranous form is the most severe condition and is usually fatal despite treatment with antifungal agents.[2] However, in non-severely immunocompromised patients the condition can be successfully treated, even in the presence of extensive tracheobronchial involvement.

Learning point

- Extensive pseudomembranous invasive tracheobronchial aspergillosis can be successfully treated in non-severely immunocompromised patients.

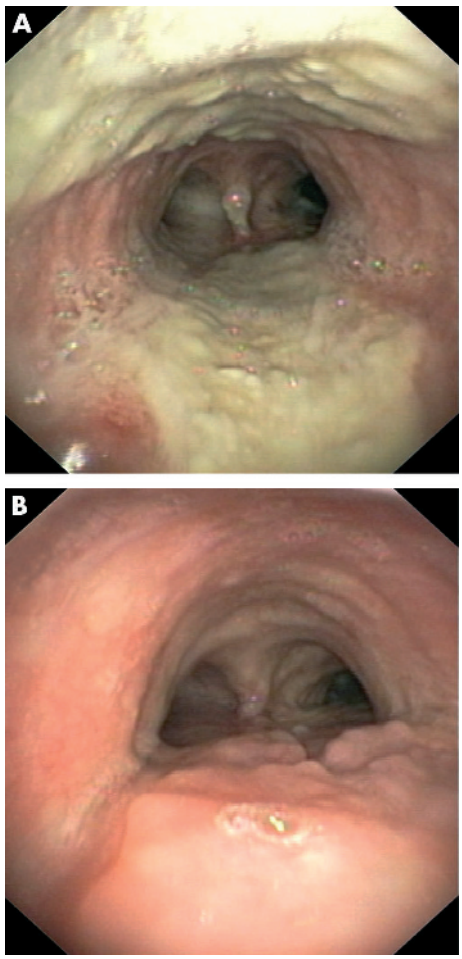

Figure 1 (A) Fibreoptic bronchoscopy revealed diffuse tracheobronchitis and wide raised cream-coloured plaques. (B) After 1 month of antifungal treatment there was significant improvement with the white to yellow necrotic tissue being replaced by mucosal thickening.

A 70 year old man presented with a history of insulin dependent diabetes mellitus, chronic obstructive pulmonary disease, and old tuberculosis. The possible risk factors included broad spectrum antibiotics and corticosteroids. Fibreoptic bronchoscopy (fig 1A) revealed diffuse tracheobronchitis and wide raised cream-coloured plaques throughout the trachea, right mainstem, and upper lobe bronchi. One month after antifungal treatment (fig 1B) his condition showed significant improvement, with the white to yellow necrotic tissue being replaced by mucosal thickening. The patient is alive and well 1 year after the onset of his illness.

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