Significance of halo, reversed halo and air crescent signs in lymphomatoid granulomatosis and pulmonary fungal infections

We read with interest the article by Lota et al.1 The authors report a case of lymphomatoid granulomatosis (LG) with an atypical CT finding of crescent sign for LG. Typically, LG patients with lung involvement can present with pulmonary infiltration and may later develop a reversed halo sign, a focal round area of ground-glass attenuation and surrounding airspace consolidation of crescent shape. Although the reversed halo sign is relatively specific to a diagnosis of cryptogenic organising pneumonia,2 there have been reported cases of a reversed halo sign in patients with LG, sarcoidosis, pulmonary paracoccidioidomycosis and other

pulmonary fungal infections as well.³ On the other hand, halo and air crescent signs are much more commonly associated with pulmonary aspergillosis. The endobronchial biopsy confirmed the diagnosis of LG and excluded the possibility of pulmonary aspergillosis in this patient. We would like to emphasise that a reversed halo sign is more common in LG than the halo and air crescent signs reported in this case.

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Contributors All authors have contributed to the conception and design, acquisition, analysis and interpretation of data, drafting of the article and final approval for submission.

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Srivali N, Permpalung N, Ammannagari N, et al. Thorax 2013;**68**:1070–1071.

Received 3 April 2013 Accepted 12 April 2013

Published Online First 9 May 2013

Thorax 2013;**68**:1070–1071. doi:10.1136/thoraxjnl-2013-203675

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