CASE

A 57-year-old Haitian female with pulmonary tuberculosis previously treated with 3 unknown drugs approximately 20 years ago presented with several episodes of hemoptysis.

- Initial chest x-ray showed extensive bilateral disease with a right upper lobe (RUL) cavitary lesion.
- A CT PE revealed a 11.5 cm cavity with an air-fluid level in the right hemithorax, and cavitations in the left upper lobe. The patient was diagnosed with reactivation TB.
- Bronchoscopy demonstrated a large bronchopleural fistula of the RUL bronchus directly into the thoracic cavity (see Figure 2a).
- The necrotized proximal remnants of the right middle and lower lobes fistulized into the pleural cavity, with necrotized parenchyma collecting on top of the diaphragm.
- The parietal pleura had black discoloration with fibrinous exudate (see Figure 2b). Parietal pleural forceps biopsies were obtained via the RUL fistula.
- Pathology revealed fungal pleuritis with GMS positive for septated, acute-angle branching hyphae, suggestive of Aspergillus.
- Bronchoscopic irrigation of the pleural cavity also demonstrated Aspergillus.
- AFB smear and cultures remained negative.
- She was started on Voriconazole 200 mg PO q12 for source control and underwent surgical intervention with removal of ribs 4-6, closure of the fistula with intercostal muscle flap, and creation of a Clagett window.

DISCUSSION

Although it is known that cavitary TB provides a niche for Aspergillus to colonize, many cases of IA are often misdiagnosed as reactivation TB. As far as we know, this is the first case in the medical literature of CNPA following previously treated TB diagnosed from parietal pleural biopsies and pleural cavity irrigation via bronchoscopy through a bronchopleural fistula.

IMAGING

- Figure 1: Quantitative CT Analyses of Lung Volumes (VIDA Diagnostics)
- Figure 2a: RUL bronchopleural fistula with visualization of pleural cavity.
- Figure 2b: Within the pleural cavity; necrotic lung remnants 1 and RML bronchial remnant 2. Biopsies of this area demonstrated fungal pleuritis.

REFERENCES