European Respiratory Society
Annual Congress 2012

Abstract Number: 1760

Publication Number: P1930

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Infections **Keyword 2:** Bronchoscopy **Keyword 3:** Immunosuppression

Title: Aspergillus tracheobronchitis. Analysis of our experience in a tertiary care centre

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Body: Aspergillus tracheobronchitis (AT) constitutes an infrequent and severe form of invasive pulmonary aspergillosis in which the fungal infection is predominantly confined to the tracheobronchial tree. Population and methods: We reviewed all cases of AT diagnosed in our center between April 1991 to December 2010."Aspergillus tracheobronchitis" was defined as the isolation of Aspergillus spp. from endobronchial specimens and the presence of ≥1 endobronchial lesions without an alternative diagnosis. In order to exclude simple colonization, all cases also had histopathological evidence of tissue invasion of the tracheobronchial tree with hyphae morphologically consistent with Aspergillus spp. Results: 8 cases (6 male; mean age 55.5 years) of AT were diagnosed. Hematologic malignancy (n=4), solid organ transplantation (n=2), systemic lupus erythematosus (n=1) and nasopharyngeal carcinoma (n=1) treated with chemotherapy and radiotherapy, were the underlying conditions reported. Fever and respiratory complaints (cough, dyspnea, stridor or wheezing) were the most frequent symptoms but one case was asymptomatic. A.fumigatus constituted the unique specie in our study. In bronchoscopy the pseudomembranous form was the most commonly observed (4 cases).Two cases revealed necrotic lesions and two cases only showed multiple mucus plugs. All cases were diagnosed by broncohoalveolar lavage and bronchial biopsy. Two cases died so the overall intra-hospital mortality was 25%. Conclusions: Aspergillus tracheobronchitis is an infrequent form of invasive pulmonary aspergillosis that would be suspected in some immunosupressed patients. It is mandatory histopathological evidence of tissue invasion to comfirm the diagnosis.