

European Respiratory Society Annual Congress 2013

Abstract Number: 4871

Publication Number: P2277

Abstract Group: 1.3. Imaging

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

Title: Early chest computed tomography (CCT) in hematologic patients with suspicion of invasive pulmonary aspergillosis (IPA)

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Body: Background: IPA is a life-threatening infection in hematologic patients. Aim: To evaluate the utility of CCT signs suggestive of IPA according to the European Organization for Research and Treatment of Cancer and the Mycosis Study Group (EORTC-MSG) in a cohort of hematologic patients. Methods: We retrospectively reviewed medical records of a cohort of patients who underwent an early CCT (<48 hours) to rule out IPA. IPA was diagnosed following the EORTC-MSG criteria and by clinical evolution and treatment response. Patients were separated into 3 groups: group A with any of the prespecified radiological criteria for IPA; group B without those criteria but with abnormal CCT findings, and group C with normal CCT findings. Results: Out of the 129 patients evaluated (mean age 49+/-15 years; 57%, males), 69 (53%) were finally diagnosed of IPA (74% in group A, 26% in group B, 0% in group C). In patients from group B, no differences in symptoms, presence of neutropenia or specific CCT findings (ground-glass opacities, consolidation, pleural effusion, centrilobular nodules and tree-in-bud), were observed. Only the presence of positive serum Aspergillus galactomannan antigen index test was more common in patients with IPA (47% vs 10%,p=0.02) in this group. Conclusion: A significant proportion of patients finally diagnosed of IPA do not show established radiological criteria for IPA according to the EORTC-MSG.