

## Itraconazole and Aspergilloma

The paper of IMPENS *et al.* [1] is of particular interest because of the potential application of oral therapy for the treatment of aspergillus lung disease rather than resorting to intravenous amphotericin.

The case report [1] however, highlights the difficulty of making the diagnosis in a patient who has had radiotherapy for lung cancer. We are not told in the case report the results of the precipitin test for aspergillus species. It would be interesting to know whether the correlation of clinical improvement was associated with a reduction in the number of precipitin lines over the period that the patient was treated with itraconazole. In other words, I would believe that the authors have more information than supplied in their case report that they may make future management of Aspergillus lung

disease more logical and more controlled with the aid of objective measurements rather than presumed diagnosis on the basis of chest x-rays.

R.E. Ruffin  
Director, Thoracic Medicine Unit  
The Queen Elizabeth Hospital, 28 Woodville Road,  
Woodville South, South Australia, 5011.

### Reference

1. Impens N, De Greve J, De Beule K, Meysman N, De Beuckelaere S, Schandevyl W. – Oral treatment with Itraconazole of aspergilloma in cavitary lung cancer. *Eur Respir J*, 1990, 3, 837–839.

### REPLY TO THE LETTER

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I Thank Dr Ruffin for his interest in our article entitled "Oral treatment with Itraconazole of Aspergilloma in cavitary lung cancer." Like presumed there was a correlation between clinical improvement and a reduction in the number of precipitin lines. At the time of diagnosis of the Aspergilloma the patient was very cachectic and presented with a severe dyspnoea. Eight serum precipitin lines for *A. fumigatus* were found.

After 2.5 months of treatment with stepwise increasing doses of Itraconazole, not only the general condition was improved but also the number of precipitin lines fell to four.

Then we decided to lower the dose of Itraconazole to 100 mg *b.i.d.* After two weeks the patient became more breathless and presented a haemoptysis. The precipitin lines were numbered to 6.

Again, Itraconazole 100 mg *b.i.d.* was given with stabilisation of the clinical pattern and lowering of precipitin lines to two, 2 months before the last hospitalisation.

N. Impens  
Dept. Interne Geneeskunde  
Academisch Ziekenhuis, Vrije Universiteit Brussel,  
Laarbeeklaan 101, 1090 Brussel.