

Clinical Image

Invasive Pulmonary Aspergillosis Due to *Aspergillus ustus* in an Immunocompromised Patient[☆]

Aspergilosis pulmonar invasiva causada por *Aspergillus ustus* en un paciente inmunocomprometido

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Our patient was an 85-year-old man with pure red cell aplasia who had been receiving steroid treatment (prednisone 1 mg/kg/day) for 5 weeks. He was admitted for 5-day history of dyspnea and chest pain. The chest radiograph revealed a diffuse, bilateral micronodular pattern (Fig. 1a) that was not observed on the radiograph obtained 2 weeks before admission. Chest computed tomography was performed, revealing bilateral pulmonary nodules, some of which were cavitary, and which tended to coalesce in the upper lobes (Fig. 1b). The patient developed severe respiratory failure that did not respond to empirical antibiotic treatment plus voriconazole, and died 6 days after admission. Gross autopsy findings included multiple cavitary nodules of different sizes, with thickened walls, containing purulent material (arrows), distributed diffusely in both lungs (Fig. 1c). *Aspergillus ustus* was isolated from cultures of the material obtained from these lesions. The final post-mortem diagnosis was invasive pulmonary aspergillosis caused by *Aspergillus ustus* in an immunocompromised patient.

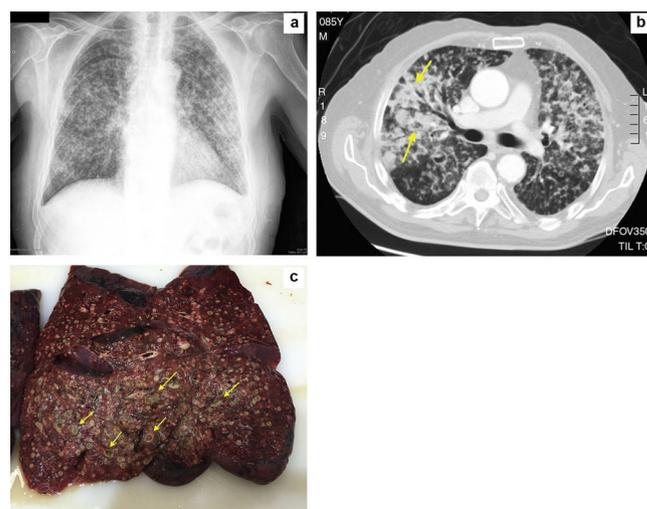


Fig. 1. (a) Chest X-ray, (b) Chest CT, and (c) Multiple pulmonary cavitary nodules on post-mortem examination.

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