

Clinical Image

Allergic Bronchopulmonary Mycosis Due to *Schizophyllum commune* Presented as a Lung Mass



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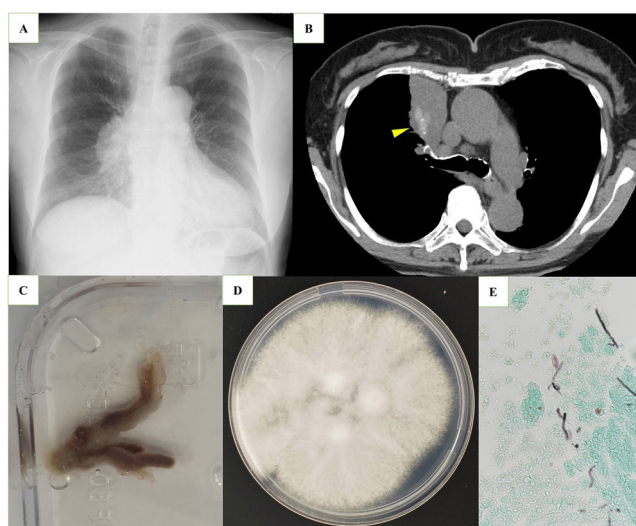


Fig. 1. (a) Chest X ray shows tumor-like shadow in the right lower hilum. (b) Chest computed tomography shows high attenuation in the right upper lobe (yellow arrow head). (c) Purulent mucus plug aspirated by bronchoscopy. (d) Woolly, whitish to pale greyish-brown colony of *Schizophyllum commune* on potato dextrose agar after 7 days of incubation at 25 °C. (e) Grocott Gomori Methanamine Silver staining of mucus plug showing fungal hyphae ($\times 400$).

A 73-year-old woman presented with right precordial pleuritic pain. Chest X-ray showed a lung mass shadow on the right lower hilum (Fig. 1a). Neoplastic lesions were suspected. Chest computed tomography revealed bronchial cast shadows with high-attenuation lesions in the right upper lobe (Fig. 1b) and central bronchiectasis. A purulent mucous plug was aspirated from the origin of the right upper bronchus (Fig. 1c). Culture of the aspirated mucus showed growth of a fungus (Fig. 1d), which was identified as *Schizophyllum commune* by polymerase chain reaction amplification of the internal transcribed spacer region of the ribosomal DNA. She had no history of bronchial asthma and lung function test did not show the airflow limitation. Peripheral blood eosinophilia was detected (873/mL). Specific immunoglobulin G antibody to *S. commune* was positive. Total immunoglobulin E was normal (27.3 IU/mL) and serum specific IgE antibody was negative (1.98 UA/ml). Histopathological examination showed fungal

hyphae (Fig. 1e). Although this case had no manifestation of asthma, ABPM associated with *S. commune* was diagnosed based on the new diagnostic criteria recently proposed in Japan.¹ Recently, numerous fungi other than *Aspergillus* spp. have been implicated in the etiology of ABPM.²

ABPM should be considered as a different diagnosis of lung mass lesions on chest X-ray.

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References

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