

**Images in clinical medicine**

# Post tubercular bronchiectasis with aspergilloma

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## Post tubercular bronchiectasis with aspergilloma

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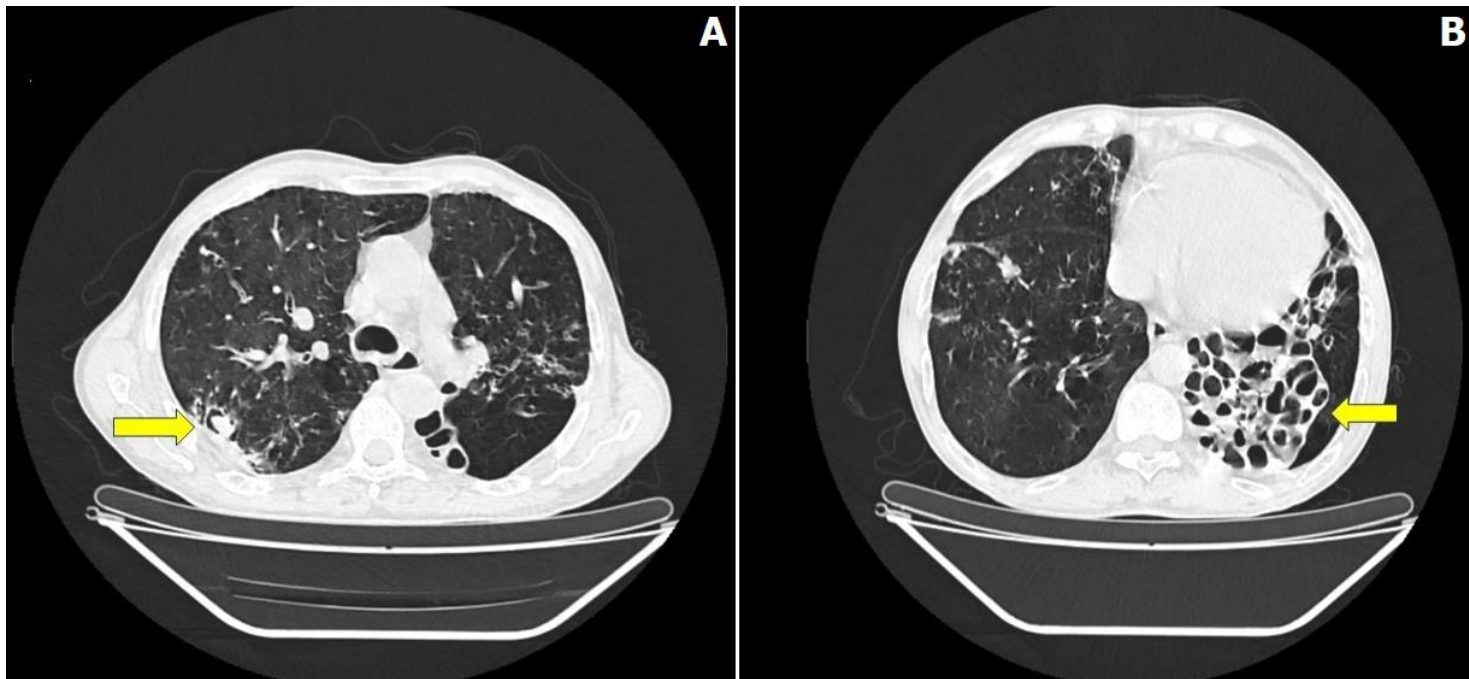
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## Image in medicine

A 48-year-old diabetic male, presented to the outpatient department with complaints of fever, breathlessness on exertion, and cough with mucopurulent expectoration for the past 15 days. The patient gave a history of pulmonary tuberculosis 4 years back for which he took antitubercular therapy for 6 months. CT thorax showed a cavity with a hypodense lesion and cystic bronchiectatic changes in the left lower lobe. Echocardiography showed a dilated right ventricle with pulmonary arterial hypertension. Sputum for acid-fast bacilli was negative, serum IgG antibody for *Aspergillus* was raised and Bronchoalveolar lavage galactomannan was positive confirming the

diagnosis of Aspergilloma. The patient was treated with Voriconazole, phosphodiesterase-5-inhibitor, oral corticosteroids, oral hypoglycemic agents, and diuretics. The patient improved symptomatically and is currently on follow-up. Aspergillus colonization usually occurs in a previously existing

lung cavity. Aspergilloma may be difficult to diagnose due to its complexity. It has around 38% mortality rate. Hemoptysis is the dreaded complication requiring bronchial artery embolization.



**Figure 1:** A) CT of the thorax with yellow arrow showing cavity with hypodense content depicting air crescent sign; B) CT of the thorax with yellow arrow showing cystic bronchiectasis in the left lower lobe