TO EDITOR

Aspergilloma is an uncommon infection usually with invasion of lung cavities, often posing diagnostic challenges, and surgical treatment is not consensual.\textsuperscript{1,2} Clinical manifestations of aspergillosis include allergic bronchopulmonary and chronic necrotizing pulmonary disease, aspergilloma, and invasive infections.\textsuperscript{1,2} The diagnosis of pulmonary aspergillosis should be based on classical images, positive serology test, or culture isolation of \textit{Aspergillus} from respiratory tract.\textsuperscript{1,2}

I read the interesting retrospective review by Zotes-Valdivia \textit{et al.} about results of the surgical management of 12 female and 10 male Mexican patients with pulmonary aspergillosis.\textsuperscript{1} The average age was 55 years, 54.5\% of them had antecedent of pulmonary tuberculosis, and 77.7\% underwent lobectomy.\textsuperscript{1} Worthy of note, only one of the 22 patients died - mortality rate lower than 6\%; the old patient had postoperative hypovolemic shock and acute renal failure.\textsuperscript{1} The authors emphasized three capital issues - the scarce number of studies evaluating the postoperative quality of life, the role of lobectomy as the first option procedure, and the challenges involved in the diagnosis of aspergilloma.\textsuperscript{1} Indeed, the establishment of this diagnosis was possible in only 71\% of cases.\textsuperscript{1}

The mentioned study is very well described, but I would like to add comments about a Brazilian case study, which involved an aspergilloma and lung cancer.\textsuperscript{2} Dos Santos \textit{et al.} described a case of aspergillosis on the site of metastatic lung adenocarcinoma, presenting with images mimicking a pulmonary aspergilloma.\textsuperscript{2} The old Brazilian male had lung adenocarcinoma on the right upper lobe, treated with chemotherapy and corticosteroid, and a metastasis in the left lung.\textsuperscript{2} A thin-walled cavity with a fungus-ball image developed at the site of implant, and bronchoalveolar aspirate and mycological cultures showed \textit{Aspergillus spp}. Differing from the majority of cases, the sputum was thick and without blood.\textsuperscript{1,2} The patient underwent a schedule of intravenous followed by oral voriconazole, and his pulmonary infection was controlled without need of surgical procedure.\textsuperscript{2} Therefore, the pulmonary cavity showed total regression with clinical treatment. The authors highlighted the possibility of diagnostic pitfalls between lung nodule cavitation by necrotizing aspergillosis, and central necrosis occurring in a metastatic pulmonary nodule, with debris in the cavity mimicking aspergilloma.\textsuperscript{2}

In this setting, both Mexican and Brazilian authors agreed with respect to the need of better evaluation about the role of preoperative antifungal treatments.\textsuperscript{1,2}

The herein commented manuscripts may improve the suspicion index of non-specialists about this uncommon fungal infection, in addition to stimulate more researches with large sample size to accurately establish the surgical options.\textsuperscript{1,2}

REFERENCES


Atentamente
MD, PhD.Vitorino Modesto dos Santos.
Internal Medicine, Armed Forces Hospital and Catholic University of Brasilia-DF, Brazil.
E-mail: vitorinomodesto@gmail.com

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