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Case Report

Report of 2 Cases of Allergic Bronchopulmonary Aspergillosis

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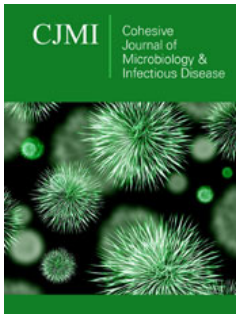
ISSN: 2578-0190



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Submission: August 16, 2021

Published: September 21, 2021

Volume 5 - Issue 4

How to cite this article: Hu Zhi Min* and Jin Qiu Sheng. Report of 2 Cases of Allergic Bronchopulmonary Aspergillosis. Cohesive J Microbiol Infect Dis. 5(4). CJMI. 000617. 2021. DOI: 10.31031/CJMI.2021.05.000617

Purpose

To review the clinical data of two patients with allergic bronchopulmonary aspergillosis (ABPA) and to review the literature so as to improve the understanding of the disease and reduce misdiagnosis and missed diagnosis [1-6].

Method

Collecting and collating the medical history data, laboratory examinations, imaging examinations, bronchoscopic findings, histopathological findings of the two patients, and comparing the latest diagnostic criteria of allergic bronchial aspergillosis and reviewing the literature.

Result

The clinical symptoms of allergic bronchopulmonary aspergillosis were easily confused with asthma, tuberculosis and lung cancer. The imaging manifestations are varied, the early lung shadow is migratory, and the middle and late stages of "central bronchiectasis" have more characteristic changes. Bronchoscopic mucus embolism is common (Figure 1-3). Eosinophils in peripheral blood increased. The necessary conditions for diagnosis included two items: the increase of serum speci_ C IgE (sIgE) level (>0.35 kUA/L) or the positive rate of Aspergillus fumigatus skin test, and 7 the increase of serum total IgE level (>1000U/mL). It is usually difficult to obtain positive results from etiology [6-10].

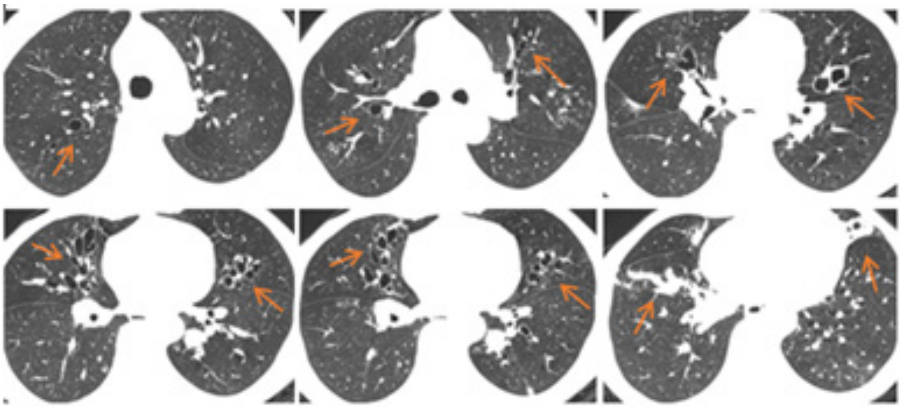

Figure 1: The chest CT of a 49-year-old male: The proximal bronchus of both lungs showed columnar or cystic dilatation, and the distal part was normal. The bronchiectasis of both lungs showed centripetal distribution.

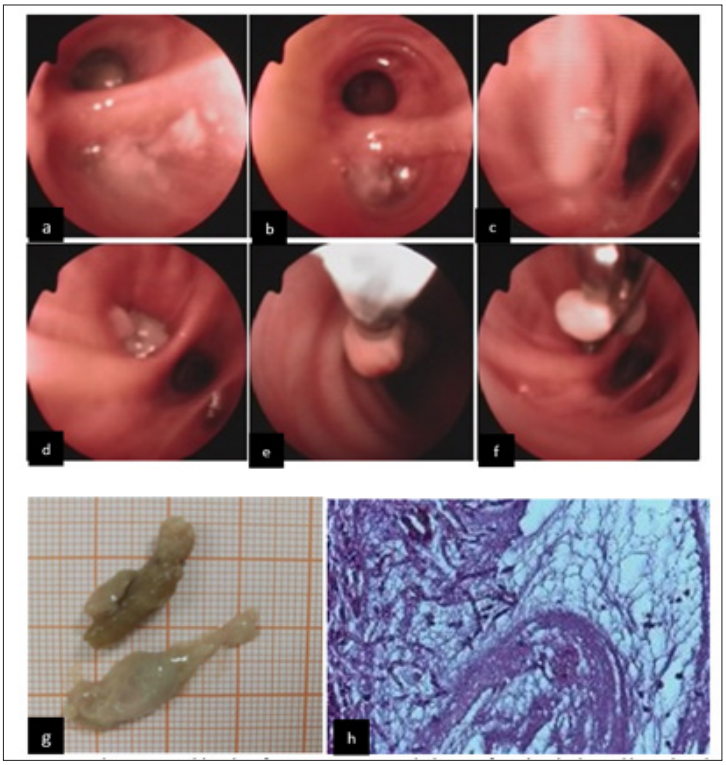

Figure 2: The 49-year-old male a-f: Necrotic mucus embolus was found in the lingual bronchus, left lower dorsal bronchus and right lower inner anterior basal segment bronchus. Removal of mucus thrombus with cryoprobe and biopsy forceps . g: Removal of mucus suppository by cryotherapy h: Under light microscope, mucus with eosinophils infiltration was found, and there were scattered fungal hyphae with parallel wall and transverse septum. Pathological diagnosis: mucus embolus formation with fungal infection, considered the possibility of allergic bronchopulmonary aspergillosis (ABPA-CB).

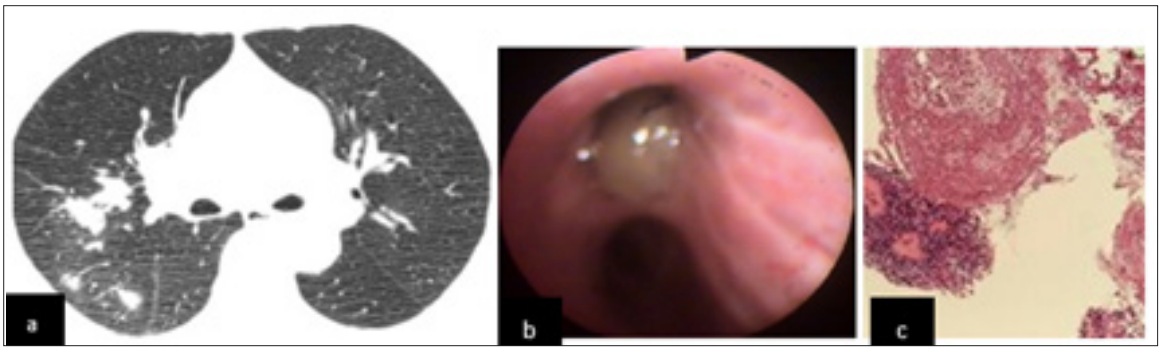

Figure 3: A 56-year-old female cough for half a year. (a). Multiple nodules and patchy shadows were found in the upper lobe of the right lung. Halo sign was found around some lesions, and interlobar pleura was thickened; (b). Under the bronchoscope, a large amount of thick purulent secretion was found in the right upper bronchusc: Microscopically, the main lesion was coagulative necrosis, with obvious thickening of lamina propria basement membrane and eosinophil infiltration (ABPA-Sa).

Conclusion

The diagnostic criteria of allergic bronchopulmonary aspergillosis are constantly improved and revised. Medical workers need to improve their understanding of allergic bronchopulmonary aspergillosis and reduce misdiagnosis and missed diagnosis [10-13].

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