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Illustration

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Pulmonary Aspergillosis Mimicking Primary Lung Cancer

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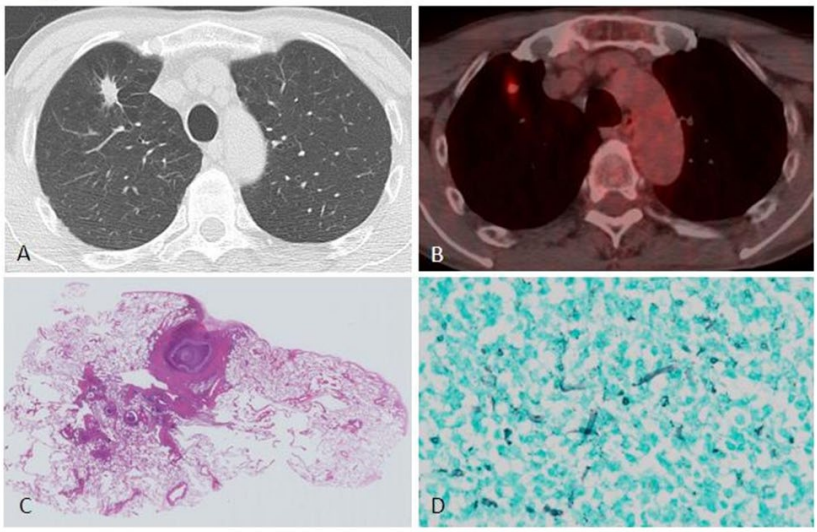
KEYWORDS: Pulmonary aspergillosis; Mimicking lung cancer; Thoracic CT.

A 68-year-old man was transferred to our hospital because of abnormal lung nodule. He was a social drinker and a current smoker with a history of 70 pack-years. He had no symptoms and was a good nutritional status. Based on the pulmonary function tests, he was diagnosed with chronic obstructive lung disease stage II by Global Initiative on Obstructive Lung Disease staging system. Thoracic Computed Tomography (CT) showed the irregular-shaped nodule measuring 15 mm in size with spiculation at right S1 (Figure A), which accompanied by emphysematous lung changes. On thoracic FDG PET/CT, the nodule demonstrated the intense standardized uptake values both in the early (max 3.4) and delayed (max 4.2) phases, suggesting malignancy (Figure B). However, video-assisted thoracic surgery biopsied specimens on Hematoxylin and eosin stains showed that the nodule was consisted of central necrotic component surrounded by microabscesses and fibrotic granulomatous tissues (Figure C) in which contained filamentous fungi on Grocott's methenamine silver stain (Figure D) with calcium oxalate crystal deposition, indicating of pulmonary aspergillosis. Pulmonary aspergillosismimicking cancer was an extremely rare event,[1-2] but should be included in the differential diagnosis for solitary pulmonary nodule.



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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

CONSENT

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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