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Allergic bronchopulmonary aspergillosis: still a mirage or ignorance

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DESCRIPTION

A 30-year-old female referred to our department as case of suspected multi-drug resistant tuberculosis with drug induced liver injury. She was on irregular antitubercular treatment (ATT) for past 2.5 years without improvement as prescribed by different physicians. Sputum examination for acid fast bacilli (AFB) was never done. Physical examination revealed bilateral polyphonic rhonchi. Sputum for AFB was negative on 2 consecutive days. Sequential x-ray showed typical fleeting shadows (figure 1A–H). CT thorax revealed central bronchiectasis with toothpaste like hyper intense mucous impaction (figure 2A,B. Total serum IgE-2700 IU/ml, skin prick test for *Aspergillus* spp. was positive (figure 2C). Final diagnosis 'Allergic bronchopulmonary aspergillosis' (ABPA). Prednisolone 0.5 mg/kg was given once daily, within 1 month patient's symptoms improved significantly. The patient was lost to follow-up and stopped treatment due to pregnancy and came back after 9 months with chest x-ray (figure 1H) showing infiltrates on right side. ABPA is an immune mediated

inflammatory syndrome caused by hypersensitivity to a fungus, *Aspergillus fumigates*.¹ ABPA may mimic tuberculosis.² So diagnosis can be made on the basis of a combination of clinical, immunological and radiological findings but currently presence of high attenuation mucus is considered pathognomic of ABPA.³

Learning points

- ▶ ABPA has five stages (acute, remission, exacerbation, glucocorticoid dependent and end stage fibrotic).
- ▶ If timely diagnosis and correct treatment is not given it can reach up to fibrotic stage. Looking up serial x-ray is very important for diagnosing patients.
- ▶ Chest infiltrates are not synonymous with pulmonary tuberculosis even in high burden countries like India.
- ▶ Bacteriological confirmation should be sought under most of the conditions before starting ATT.

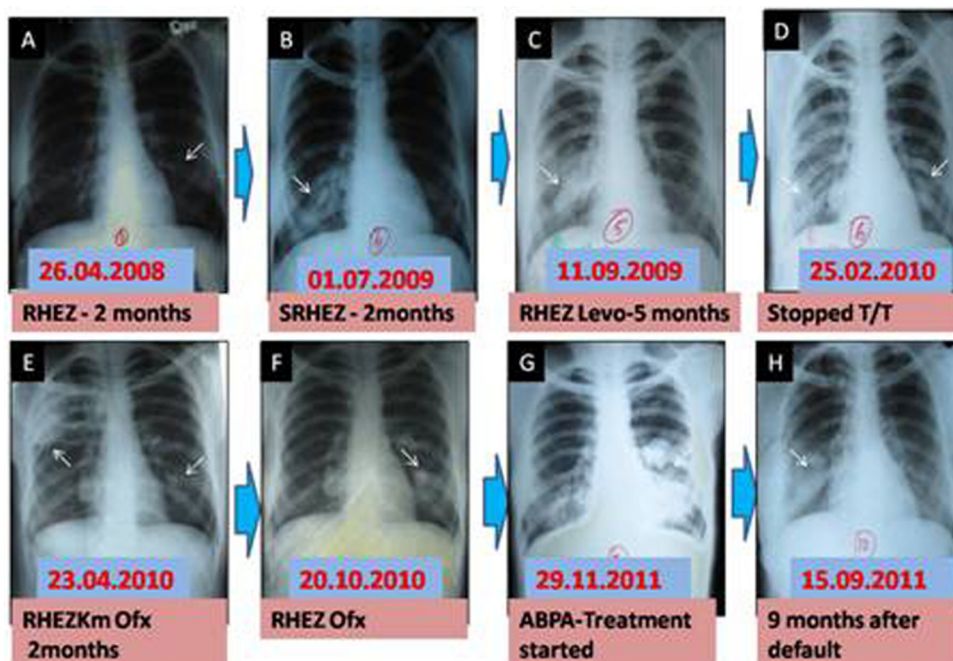


Figure 1 (A–H) Sequentially arranged radiographs showing fleeting shadows with antitubercular treatment taken and their duration.

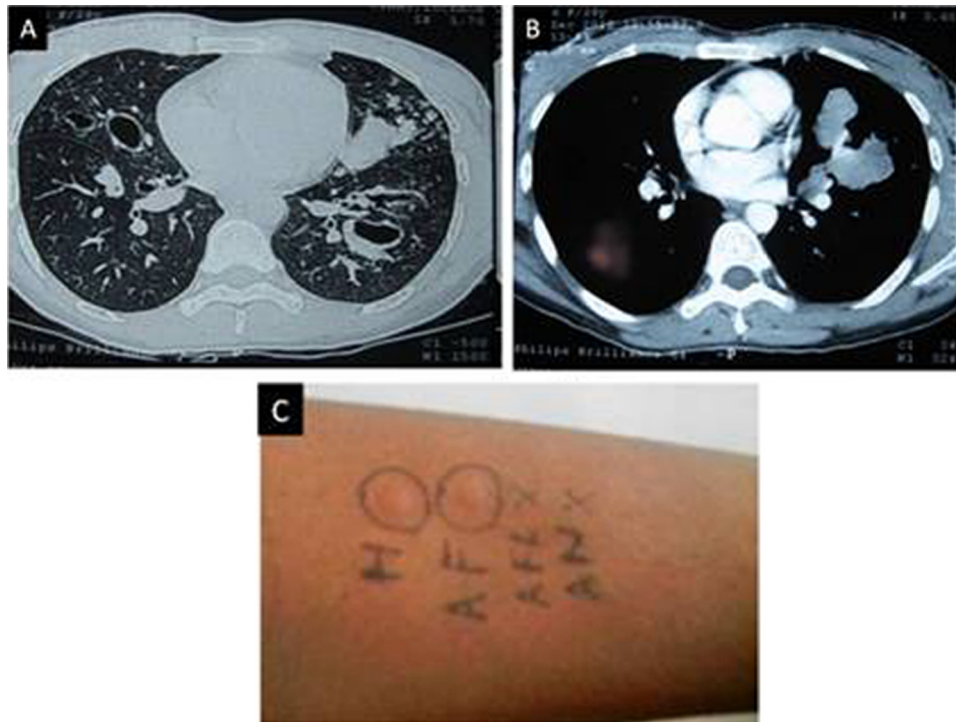


Figure 2 (A, B) Cystic bronchiectasis with mucus impaction. (C) Skin prick test positive for *Aspergillus fumigatus*.

Competing interests None.

Patient consent Obtained.

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