

[PICTURES IN CLINICAL MEDICINE]

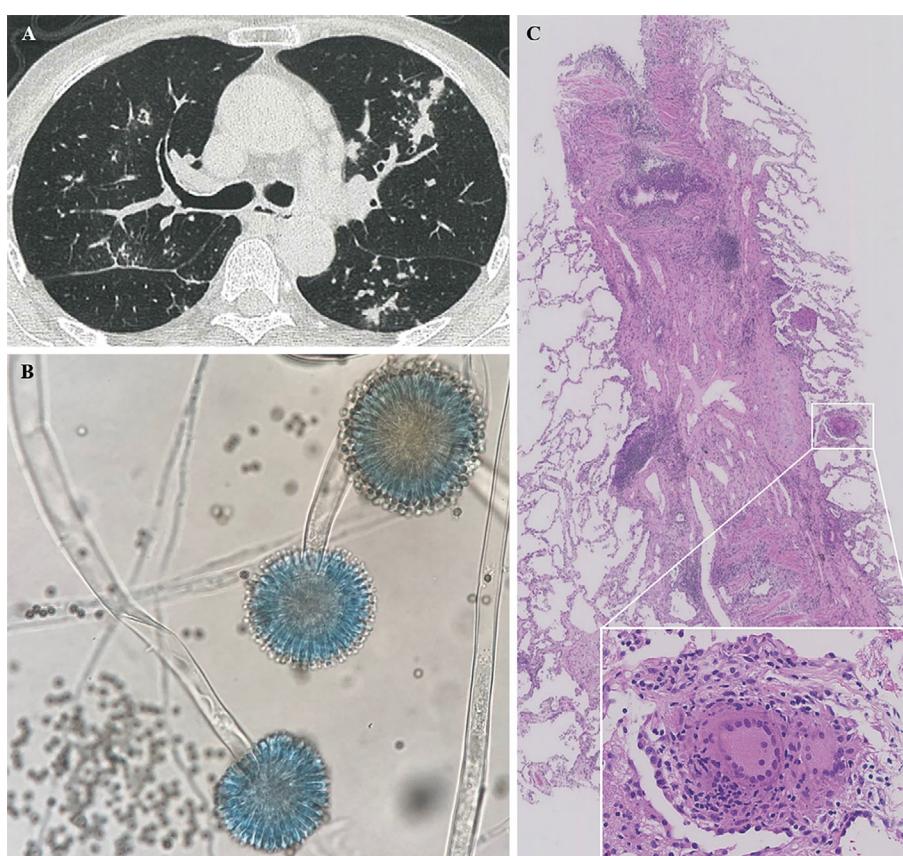
Aspergillus Niger-pulmonary Aspergillosis in an Immunocompetent Woman

Rikako Otsuka¹, Hisako Kushima^{1,2}, Masaki Fujita¹ and Hiroshi Ishii²

Key words: *Aspergillus niger*, chronic pulmonary aspergillosis, cryobiopsy, immunocompetent patient

(Intern Med 60: 2341-2342, 2021)

(DOI: 10.2169/internalmedicine.6057-20)



Picture.

A 69-year-old woman without any underlying diseases was admitted due to a dry cough and a high fever of several months' duration. Chest computed tomography revealed scattered infiltrates and centrilobular nodules (Picture A). The serum level of *Aspergillus* antigen was elevated, but not that of nonspecific-IgE, *Aspergillus* precipitin, β -D glucan or anti-glycopeptidolipid-core IgA antibody. Bronchoscopy

showed a blackish secretion, and *Aspergillus niger* (*A. niger*) was cultured (Picture B). No acid-fast bacilli were detected from the bronchoalveolar lavage fluid. Cryobiopsy specimens showed non-caseating epithelioid cell granulomas with Langhans giant cells and mild alveolitis (Picture C). Serum *Aspergillus* antigen turned negative after the administration of voriconazole. We diagnosed the patient to have chronic

Department of Respiratory Medicine, Fukuoka University Hospital, Japan and ²Department of Respiratory Medicine, Fukuoka University Chikushi Hospital, Japan

Received: August 6, 2020; Accepted: December 26, 2020; Advance Publication by J-STAGE: February 15, 2021

Correspondence to Dr. Hisako Kushima, hkushi@fukuoka-u.ac.jp

pulmonary aspergillosis with features of bronchocentric granulomatosis. Pulmonary aspergillosis usually occurs in cases where existing structures of the lung are destroyed and *A. niger* causes aspergillosis in immunocompromised hosts (1, 2). The findings of this report suggest that *A. niger* may be a potential causative fungus of chronic pulmonary aspergillosis in immunocompetent patients.

The authors state that they have no Conflict of Interest (COI).

References

1. Al-Alawi A, Ryan CF, Flint JD, Müller NL. Aspergillus-related lung disease. *Can Respir J* **12**: 377-387, 2005.
2. Krenke R, Grabczak EM. Tracheobronchial manifestations of Aspergillus infections. *Sci World J* **11**: 2310-2329, 2011.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

© 2021 The Japanese Society of Internal Medicine
Intern Med 60: 2341-2342, 2021