

Diffuse aspergillosis in a patient with SARS-CoV-2 pneumonia



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A 59-year-old man with a severe pneumonia due to coronavirus disease 2019 (COVID-19) died in multiple organ failure caused by a postoperative septic shock subsequent to a hemicolectomy for a right colon infarction occurred two weeks earlier. Since the admission on, the patient received meropenem, linezolid and caspofungin associated with low-dose hydrocortisone; repeated samples from the lower respiratory tract resulted positive for COVID-19 but negative for germs or fungi. At the autopsy, multiple pulmonary bilateral cavities containing innumerable colonies of *Aspergillus fumigatus* were found (Fig. 1a and b), and a black-stained mould was present in the surgical wound (Fig. 1c).

As different factors, including the destruction of the alveolar epithelial lining and the use of steroids and of other immunomodulating agents such as Tocilizumab make COVID-19 patients at risk for invasive aspergillosis and being its diagnosis challenging, we suggest to use agents with anti-*Aspergillus* capabilities in all COVID-19 patients requiring an antifungal treatment even for non-pulmonary infections.

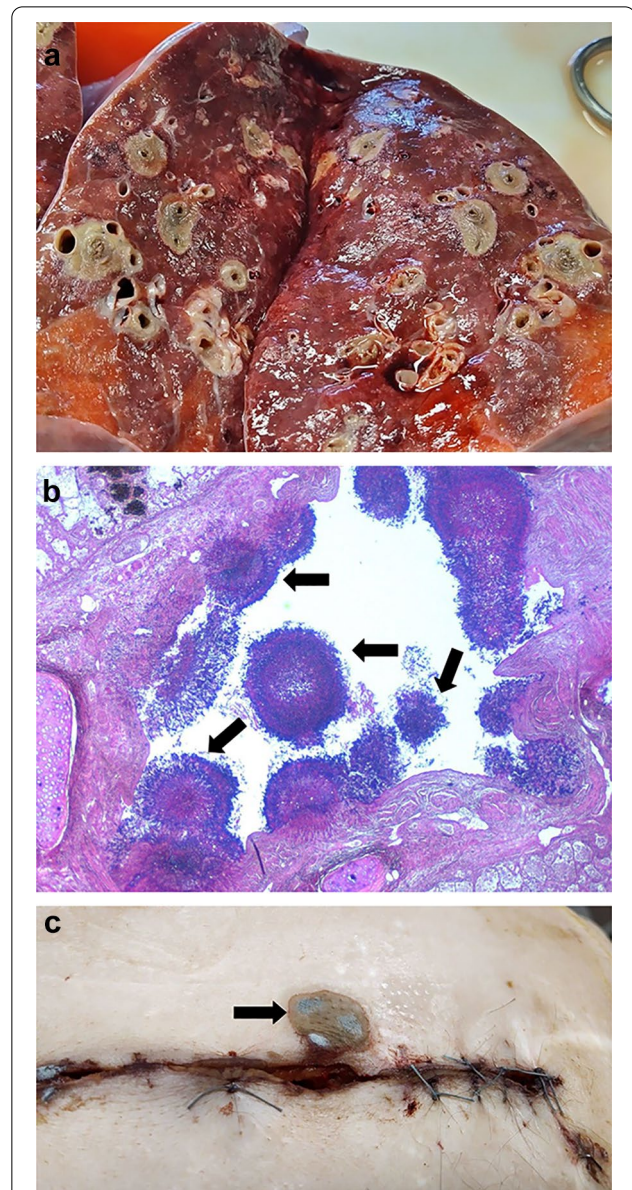


Fig. 1 a Multiple pulmonary cavitory lesions. b Iphae of *A. Fumigatus* (arrows) inside a pulmonary cavitory lesion (Hematoxylyn & Eosin, 2,5×). c A black-stained mould of *A. fumigatus* (the arrow) in the surgical wound of the right hemicolectomy

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