

Correspondence to “COVID-19-associated Pulmonary Aspergillosis: A Case Series” by Sharma et al.

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Dear Editor,

I read the article titled “COVID-19-associated Pulmonary Aspergillosis: A Case Series” by Sharma et al.¹ published in your current issue of the journal. The article provided good insights into the concerning COVID-19 associated pulmonary aspergillosis (CAPA) infection in the current pandemic scenario.

I have a few comments regarding the case series that I have listed below:

- The usage of the serum Galactomannan test for diagnosing invasive fungal infection has been recommended when tissue sampling cannot be done. But the test has been shown to provide false positive results due to interaction with broad-spectrum antibiotics such as piperacillin-tazobactam, amoxicillin-clavulanate, cefepime, and cefoperazone-sulbactam.² The authors have not mentioned any antibiotics given to these patients but generally, it is assumed that when a patient with a recent COVID-19 infection, gets worsening respiratory symptoms with lung opacities, they might have been started on antibiotics. It would be useful to know if any of these antibiotics have been used in these patients.
- CAPM (COVID-19-associated pulmonary mucormycosis) is an important differential for post-COVID lung infections which can radiologically mimic CAPA with findings like cavity, consolidation, and ground glass opacities.³ Also, another point of concern is that voriconazole has been shown to predispose, increase the virulence of mucorales and cause breakthrough mucor infections.⁴
- One of the reasons mentioned for not performing bronchoscopy was virus transmission and aerosolization. But the onset of CAPA after the symptoms were mentioned to be more than 24 days in all patients and infectivity of SARS-CoV-2, even in severe cases, is only up to 2 weeks from the onset of symptoms; and there is no mention of whether a repeat RT-PCR was done when the patient had worsening symptoms needing admission.⁵

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