

[ PICTURES IN CLINICAL MEDICINE ]

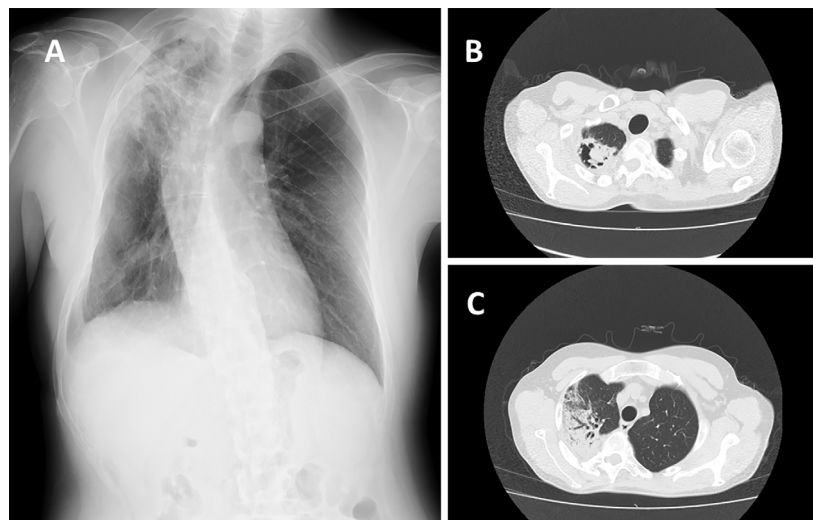
## Pulmonary Aspergilloma with Oxalosis

Atsuki Fukada<sup>1</sup>, Mikio Toyoshima<sup>1</sup>, Daisuke Akahori<sup>1</sup> and Takafumi Suda<sup>2</sup>

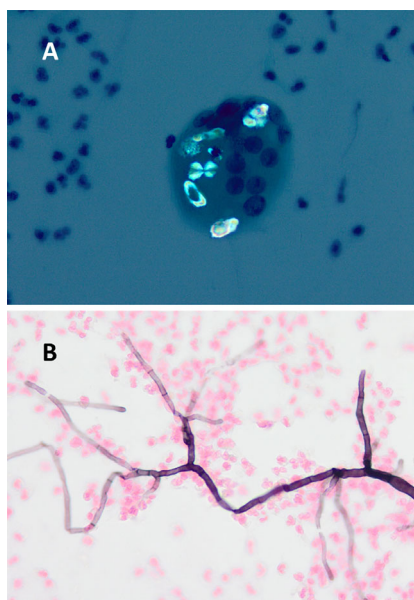
**Key words:** pulmonary aspergilloma, oxalosis, calcium oxalate

(Intern Med 57: 2765-2766, 2018)

(DOI: 10.2169/internalmedicine.0747-18)



**Picture 1.**



**Picture 2.**

A 37-year-old man presented with a 3-month history of cough and dyspnea. His medical history included right rib fracture and lung contusion caused by lion bites at 20 years of age. Chest radiography (Picture 1A) and computed tomography of the chest (Picture 1B, C) showed a mass within the lung cavity and consolidation at the right apex, suggesting pulmonary aspergilloma. The laboratory and bronchoscopic findings were not contributory. However, cytological examinations of the sputum revealed birefringent calcium oxalate crystals within histiocytic giant cells (Picture 2A) and a hyaline septate mold (Picture 2B, Grocott staining), although *Aspergillus* species were not identified on fungal sputum cultures. Thus, pulmonary aspergilloma was diagnosed, and antifungal treatment with oral voriconazole resolved the symptoms and radiological findings. Some *Aspergillus* species, such as *A. niger*, produce oxalate, which can form oxalate crystals that become deposited in tissues where they can cause damage and lead to unfavorable outcomes (1).

<sup>1</sup>Department of Respiratory Medicine, Hamamatsu Rosai Hospital, Japan and <sup>2</sup>Second Department of Internal Medicine, Hamamatsu University School of Medicine, Japan

Received: January 5, 2018; Accepted: February 12, 2018; Advance Publication by J-STAGE: April 27, 2018

Correspondence to Dr. Mikio Toyoshima, mi-toyoshima@hamamatsuh.johas.go.jp

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

in pathology specimens. *Pathol Res Pract* **201**: 363-368, 2005.

### **Reference**

1. Pabuçcuoğlu U. Aspects of oxalosis associated with aspergillosis

The Internal Medicine is an Open Access article 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/>).

---

© 2018 The Japanese Society of Internal Medicine  
*Intern Med* 57: 2765-2766, 2018