

Reply to Boppana and Mirsaeidi: Nonsurgical Treatment for Symptomatic Pulmonary Aspergilloma

Elizabeth Y. Han, M.D.* and Sucharita Kher, M.D.

Division of Pulmonary, Critical Care, and Sleep Medicine, Tufts Medical Center, Boston, Massachusetts

ORCID IDs: 0009-0007-1151-5471 (E.Y.H.); 0000-0002-3051-6441 (S.K.)

From the Authors:

We thank Dr. Boppana and Dr. Mirsaeidi for their comments regarding our On the Fly article on simple pulmonary aspergilloma (SPA) (1). In their letter, the authors discuss possible presentations of chronic pulmonary aspergilloma (CPA), including hemoptysis and/or multiple aspergillomas. CPA includes four forms of pulmonary aspergillosis, including chronic cavitary pulmonary aspergillosis (CCPA), chronic fibrosing pulmonary aspergillosis, SPA, and subacute invasive pulmonary aspergillosis (2). Of these four, our concise review centered around SPA.

In addition to describing nonsurgical options mentioned in our article, such as intracavitary instillation of antifungal medications, the authors also detail other modalities, including bronchial artery embolization and radiotherapy (3). We agree with Boppana and Mirsaeidi's list as potential therapies for patients with hemoptysis in specific scenarios who are

not surgical candidates or prefer to avoid surgery. Given the manuscript length limitations of our On the Fly manuscript, however, we summarized established therapies for SPA, as supported by the Infectious Diseases Society of America (IDSA) (4). This included recommendations for both asymptomatic and symptomatic patients, as opposed to focusing solely on those with hemoptysis. Outside of life-threatening hemoptysis, the IDSA recommends bronchial artery embolization as a therapeutic option for CCPA; CCPA is outside the scope of our review on SPA. Regarding radiotherapy, although it is an established option to control bleeding tumors, it remains experimental regarding its fungicidal effects for CPA, including SPA (5). As such, it is not yet included in the most recent guidelines published by both the IDSA and the American Thoracic Society (6).

Author disclosures are available with the text of this article at www.atsjournals.org.

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*Corresponding author (e-mail: elizabeth.han@tuftsmedicine.org).

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