

## ASPERGILLUS TRACHEOBRONCHITIS

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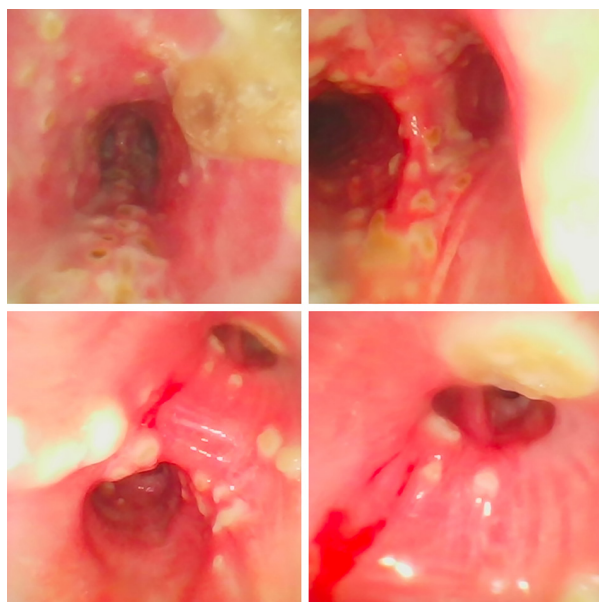
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An 83-year-old patient, without any prior history of immunosuppression, was admitted to the hospital due to pneumoperitoneum resulting from a perforated duodenal ulcer. This condition necessitated both invasive mechanical ventilation and emergency surgery upon admission.

On the 11th day following the initiation of mechanical ventilation, a percutaneous tracheostomy was conducted under bronchoscopic guidance. This procedure was necessitated by the prolonged weaning process. While examining the airway through bronchoscopy,

numerous rounded and raised lesions with a whitish-yellowish appearance were identified on the mucosal lining of the entire bronchial tree (Fig. 1 and Video). Given the presence of pseudomembranes and necrotic debris, a transbronchial lung biopsy (TBB) was carried out. The histopathological examination of the TBB specimen unveiled fibrino-leukocytic material characterized by an abundance of septate and branching hyphae (Fig. 2). Subsequent mycological culturing identified the presence of *Aspergillus fumigatus* complex as well as *Aspergillus terreus*.

**Figure 1 |**



**Figure 2 |**

