

PULMONARY ASPERGILLOMA WITH MONOD SIGN IN A PATIENT WITH IDIOPATHIC PULMONARY FIBROSIS AND SINGLE LUNG TRANSPLANTATION

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A 65-year-old man presented for routine follow-up at the lung transplant clinic with a CT scan of the chest. Three years earlier, he had undergone a single left lung transplantation for idiopathic pulmonary fibrosis (IPF). Chest CT showed a normal left-sided graft. The native right lung exhibited a mass within a thick-walled cyst in the lower lobe (Fig. 1A). The mass fell to a gravity-dependent location when a CT was obtained in the prone position (Fig. 1B). Bronchoalveolar lavage yielded *Aspergillus fumigatus* in selective fungal culture media, leading to a diagnosis of pulmonary aspergilloma. He was treated with voriconazole.

The diagnosis of pulmonary aspergilloma requires imaging findings and evidence of microbial presence (sputum culture or bronchoalveolar lavage), or an immunological response to *Aspergillus*. This condition typically occurs in immunocompetent patients with preexisting pulmonary cavities, often in the upper lobes. The Monod sign refers to the air surrounding a fungal ball in a preexisting pulmonary cavity that falls to a gravity-dependent location of the cavity and is highly specific for aspergilloma. It aids in distinguishing a mobile fungal ball from other conditions such as tuberculosis, lung abscess, or cancer.

Fungal infection of a cyst from pulmonary fibrosis in IPF is uncommon.

Figura 1 |

