

PSEUDOMEMBRANOUS *ASPERGILLUS FUMIGATUS* TRACHEOBRONCHITIS

M. FLORENCIA COURTOIS, INDALECIO CARBONI BISSO,
IGNACIO FERNÁNDEZ CEBALLOS, MARCOS LAS HERAS

Unidad de Cuidados Intensivos, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

E-mail: florencia.courtois@hospitalitaliano.org.ar

A 51-year-old patient with a history of renal transplant was admitted for acute respiratory failure secondary to pneumonia, which progressed to septic shock with multi-organ failure. Upon admission, she required invasive mechanical ventilation. On the 10th day of hospitalization, she experienced a new episode of hemodynamic decompensation. A computed tomography scan revealed parenchymal consolidations with scattered air bronchogram in both lung fields. Suspecting ventilator-associated pneumonia, bronchoalveolar lavage was performed. During

bronchoscopy, examination of the distal trachea revealed a brown plaque-like membrane covered with raised whitish lesions (Fig. 1-A) resembling fungal involvement. The irregular surface showed more severe involvement in proximal regions (Fig. 1-B and 1-C), whereas distal segments appeared normal (Fig. 1-D and Video). A previous bronchoscopy upon admission had shown normal mucosa. Culture of the bronchoalveolar lavage confirmed the presence of *Aspergillus fumigatus*, leading to the diagnosis of pseudomembranous tracheobronchitis.

Figura 1 |

