





Hospital Universitari Mútua Terrassa BARCELONA



PULMONARY ASPERGILLOMA AND BRONCHIAL DILATION LESIONS

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*Present the different clinico-biological and radiological features of aspergilloma on Bronchial Dilation(BD) and describe their surgical management. *Retrospective study over 14cases of patients operated for pulmonary aspergilloma occurring on BDlesions over a 25years-period. *The average age was 41 years old with a sex ratio of 1.8. A past history of pulmonary tuberculosis was found in 3patients. All patients were symptomatic of hemoptysis, which was scant or mild in 9cases and massive in one case. Ten patients had a dry cough and seven patients had chest pain. Bronchial fibroscopy was normal in all patients. Aspergillosis serology was performed in 6patients and it was positive in 5of them. The most frequent radiological sign was the graft image present in 10patients. Aspergillosis grafting was bilateral in only one patient. The location was right upper lobar in 7 cases, left upper lobar in 4 cases, right lower lobar in one case, and straddling between two lobes in two cases. The aspergilloma was simpler in 12cases and complex in 2cases. The approach was a posterolateral thoracotomy in all cases. The procedures performed were lobectomy in 11 cases, upper and middle bilobectomy in 1case, segmentectomy in one case and left pneumonectomy in one case. The postoperative course was simple for all patients. The average duration of drainage was 10days and the duration of hospitalization was 12days. *Pulmonary aspergillosis can be grafted on lesions of BD. Diagnosis must be made at an early stage in order to prevent possible complications, in particular hemoptysis which can be fatal.