A mycotic cave

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CASE REPORT

A 50-year-old man with a long history of heavy smoking presented to the Emergency Unit of the St. Anna Hospital, Ferrara, Italy, with cough and brown expectorate since about a month. The patient was afebrile. The physical examination did not disclose major findings apart from a marked reduction of vesicular murmur. Laboratory tests showed a normal white cell count, a significant increase of C-reactive protein (22.4 mg/dl; n.v.: <0.5 mg/dl) with normal procalcitonin levels. The X-ray of the thorax revealed an excavated lesion in the upper right lobe of the lung. A high resolution computed tomography (CT) of the lung confirmed the presence of a huge abscess (maximal diameter: 6.5 cm) (Figure 1) with features indicative of fungal hyphae (arrows in Figure 1). Urinary tests for pneumococcal and legionella antigens resulted negative as well as serology for Mycoplasma pneumoniae and Mycobacterium tuberculosis. Microbiological analysis on bronchoalveolar lavage fluid detected the presence of a Candida glabrata, whereas blood cultures were negative. Because of the resistance to antifungal treatments, a right superior lobectomy was needed and successfully performed. Six days after the operation the patient was discharged in good health with the recommendation of a respiratory rehabilitation for the next three months.

DISCUSSION

Mycetomas in asymptomatic and non-immunosuppressed subjects are rare clinical condition and represent a challenge for physicians. From a radiological perspective, mycetomas are often seen in the upper lobe, typically as a mobile mass with an air crescent. Differential diagnosis includes neoplasms and hematomas. Medical management of mycetomas includes antibiotic or antifungal treatments that should be always attempted. However, as shown by this case, the efficacy of antibiotic or antifungal drugs is limited and surgery may be needed [1–3].

CONCLUSION

Mycetomas are conditions related to fungal infections, which can even occur in non-immunocompromised patients. So far, there are no established guidelines as to how a patient with mycetoma should be appropriately managed. As highlighted by this case, based on initial evidence of a mycetoma, physicians working in the emergency setting should promptly recommend appropriate diagnostic tests and start antifungal treatment.

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Matteo Guarino – Conception of the work, Design of the work, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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