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5-2016

# Esophageal diagnosis of a malignant aspergilloma

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## Recommended Citation

Al Zoby M, Munn N, Shweihat YR. Esophageal diagnosis of a malignant aspergilloma. *Endosc Ultrasound*. 2017;6(3):210–211.  
doi:10.4103/2303-9027.208171

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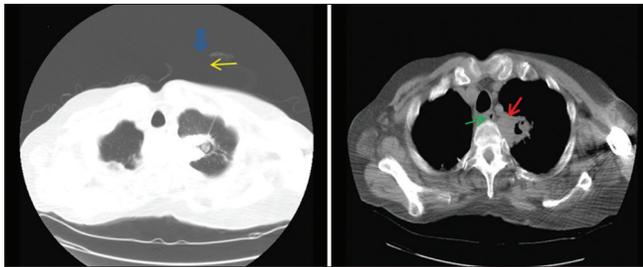
# Esophageal diagnosis of a malignant aspergilloma

Muneer Al Zoby, Nancy Munn, Yousef R. Shweihat

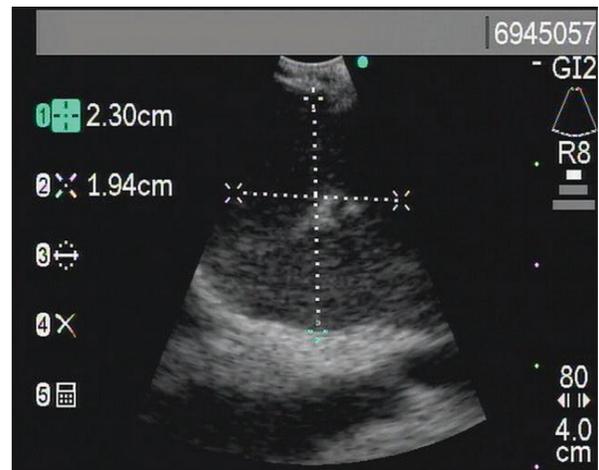
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A 59-year-old male patient developed a new 4 cm × 6 cm cavitory left upper lung lesion over a 2 months period. The patient had a prior history of a surgically resected Stage IA non-small cell lung cancer in the right upper lobe 3 years prior. He was treated for possible infection with radiographic improvement on subsequent imaging. Further imaging after 3 months revealed an oval soft tissue density within the cavity with air crescent

sign [Figure 1]. Bronchoscopy with transbronchial biopsies showed an acute and chronic granulomatous inflammation. *Aspergillus fumigatus* was noted on culture and voriconazole was initiated.<sup>[1]</sup> Subsequent imaging showed initial improvement and then the



**Figure 1.** Computed tomography scan of lung shows the cavity (thick arrow) with aspergilloma in the center (yellow). The thickened tumor wall (red arrow) abuts the mediastinum and the esophagus (green arrow)



**Figure 2.** Tumor as seen using the ultrasound probe of the endobronchial ultrasound scope

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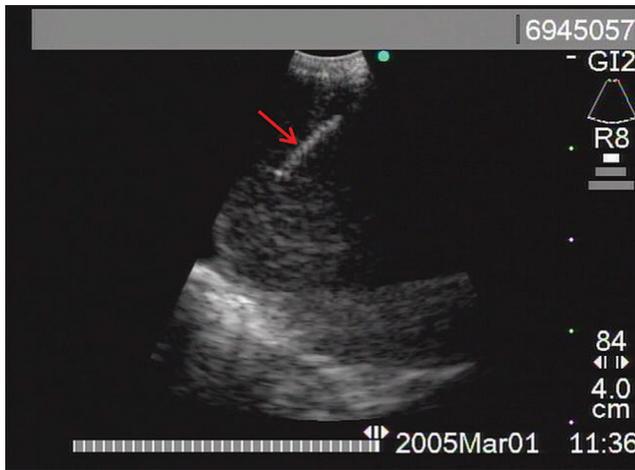
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**How to cite this article:** Al Zoby M, Munn N, Shweihat YR. Esophageal diagnosis of a malignant aspergilloma. *Endosc Ultrasound* 2017;6:210-1.

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Received: 2015-10-27; Accepted: 2016-05-24



**Figure 3.** Real-time biopsy with needle (red arrow) inside tumor

stability of cavity size. However, 11 months later, the medial wall of the cavity showed increased thickness. Bronchoscopy showed no endobronchial lesions [Figure 2]. Esophageal ultrasound-guided fine-needle aspiration using the endobronchial curvilinear endoscopic ultrasound bronchoscope was performed for a sampling of the cavity wall that was abutting the mediastinum [Figure 3]. The aspirate showed

squamous cell lung cancer and the patient was started on therapy after appropriate staging.<sup>[2]</sup>

#### *Declaration of patient consent*

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that his name and initial will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

#### *Financial support and sponsorship*

Nil.

#### *Conflicts of interest*

There are no conflicts of interest.

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