



Aspergilloma on Pulmonary Tuberculosis: Chest X-Ray may make the Diagnosis

Mbaye Thiam^{1*} and Ndeye Bigué Mar²

¹Department of Medical Imaging, National University Hospital Center of Fann, Senegal

²Department of Medical Imaging, IDRISSE POUYE General Hospital, Senegal

Clinical Image

This is a 40-year-old patient, followed for active pulmonary tuberculosis under anti tuberculosis treatment, received in consultation for a persistent cough with low hemoptysis. He is referred to the Radiology Department of the Fann University Hospital Center for a chest X-ray. The latter showed a right apical pulmonary destruction with tracheal attraction associated with a rounded opacity surmounted by crescent air giving the classic appearance of a fungus ball (Figure 1). Diffuse bilateral reticulonodular opacities are also noted. The diagnosis of an aspergillar graft on pulmonary tuberculosis is retained and the patient is referred to the pulmonary department for therapeutic management.

Aspergilloma is the development of the fungus (*Aspergillus*) in situ in a pre-existing cavity [1]. The tubercular cavern and the sequelae of bronchial dilatations are prime targets [2].



Figure 1: The latter showed a right apical pulmonary destruction with tracheal attraction associated with a rounded opacity surmounted by crescent air giving the classic appearance of a fungus ball.

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*Correspondence:

Mbaye Thiam, Department of Medical Imaging, National University Hospital Center of Fann, Senegal,
E-mail: mbayesmail@gmail.com

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