

## **PULMONARY ASPERGILLOMA - 16 YEARS CLINICAL EXPERIENCE WITH DIAGNOSIS, TREATMENT AND RESULTS**

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**Objective:** Pulmonary Aspergillosis is a rare and life-threatening disease. Increasing numbers of immunocompromised patients higher the incidence of Aspergillus associated pulmonary infections and make specific treatment necessary. 23 patients of the University Hospital Bonn, Germany have been reviewed following surgical procedures for pulmonary Aspergilloma including the choice of antifungal therapy, diagnostic findings, decision-making in treatment and treatment outcomes of the past 16 years. **Methods:** Pathological records have been used to identify Aspergilloma patients. Review of patients' records and follow-up phone calls to patients, families or General Practitioners were done. From 1995 to 2011 our collective included patients with Aspergilloma (n=15), multiple Aspergillomata (n=2) and Chronic Necrotizing Pulmonary Aspergillosis (n=6). Classification and diagnose were based on pathological records of intraoperative samples or preoperative bronchoscopic samples. The decision to use systemic antimycotic therapy was made by perioperative findings suspecting parenchymal participation of the fungal infection. **Results:** 17 patients received systemic antimycotic chemotherapy. Compared to the use of Amphotericin B, newer drugs such as Voriconazol, Caspofungin or Posaconazol had no better result in the morbidity and outcome of the patients. Postoperative complications requiring extended therapy and/or prolonged ICU stay (>48 hours) were seen in 12 (52.17%) cases. During follow-up there were ten deaths; one death (4.35%) from aspergillus-associated sepsis, nine deaths from patients' underlying diseases. **Conclusion:** In our collective, immunocompromised patients with no documented preexisting lung-cavities were most common to develop pulmonary Aspergilloma. Postoperative morbidity (52.17%) was high but related mainly to patient co-morbidity; postoperative mortality was reasonably low. Patients showing classical symptoms or immunocompromised patients should be considered for surgery. Encapsulated Aspergilloma without invasion of surrounding parenchyma requires no antifungal chemotherapy.