A Rare Case of Aspergilloma during Pregnancy

Soni Neelu, Rekha Bharati, Sharma M.K., Jhamad Sushma

Dept. of Obstet & Gynaecol, Choithram Hospital & Research Centre Indore, Madhya Pradesh

Mrs. Roshan, 30 yrs. old, Primigravida, married since 1½ yrs., presented in the OPD at 16 wks of gestation [L.M.P. – 13/11/96, E.D.D. – 20/08/97, P.M.C. – regular] with history of cough since 15 days and two episodes of haemoptysis in last five days. She also gave history of having bronchial asthma since childhood for which she was taking bronchodilators.

She was admitted and thoroughly investigated. O/E : Pulse was 84/min, BP was 120/80mmHg, Cardiovascular system was normal, Respiratory system revealed bilateral rhonchii, PA : height of uterus was 16 wks. Investigations : Hb 11.9 gm%, T.L.C. 8,000/cmm., D.L.C. – P: 56% L:31% Eosinophils: 13%, Blood group A Rh –ve, HIV non reactive.

Acid fast bacilli were detected by the Ziehl – Neilson Staining of sputum. X-ray Chest taken with abdominal shield revealed bilateral fibrocavitary lesion and a round non homogenous opacity in middle lobe of the right lung. (Fig. 1). Suspicion of the presence of the fungus ball in the lung was confirmed by finding the hyphae of the Aspergillus fumigatus on mycological examination of sputum. Immediate wheal and flare response to A. Fumigatus was positive.

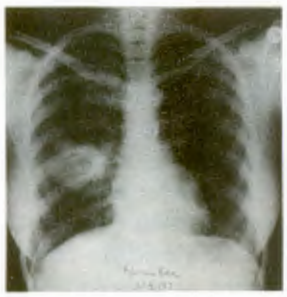

Fig. 1 : Radiograph : showing fungus ball

Antitubercular treatment was started. Prednisone at a dosage of 1mg/kg/day was given for 14 days and then tapered over next 2 wks. Oral Fluconazole 200mg once daily for 15 days was given. Patient was advised to continue antitubercular treatment after discharge.

She was again admitted at 37 wks of gestation with raised BP. O/E : she was oedematous, BP: 160/104mmHg., Pulse: 80/min., Respiratory system: occasional rhonchii, PA: uterus 36 wks., Presentation: cephalic, FHS: regular, PV: cervix – unfavourable, Bishops score was 5.

Investigations : Hb 11gm%, urine albumin +++, S.creat.1mg%, S.G.P.T. 157u/l, PT. 14sec, F.D.P. < 10mcg/1. She was given Alphamethyl dopa 250 mg. 6 hourly, Depin R 20 mg. 12 hourly and Antitubercular drugs.

L.S.C.S. was done at 37 wks gestation on 07/08/97 for failed induction of labour. A healthy female baby of 2.3kg was delivered. Postoperative period was uneventful. X-Ray chest taken; showed disappearance of fungus ball (Fig. 2). She was discharged on 9th day of L.S.C.S.

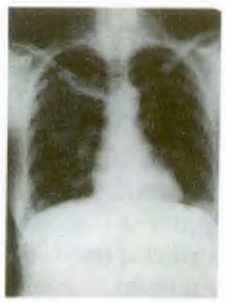

Fig. 2 : Radiograph : after treatment showing disappearance of fungus ball

Aspergillus is ubiquitous in the environment. Inhalation of Aspergillus spores must be extremely common but disease is rare. Aspergillus can colonize the damaged bronchial tree and cause pulmonary cavities of patients with underlying lung disease.