

[PICTURES IN CLINICAL MEDICINE]

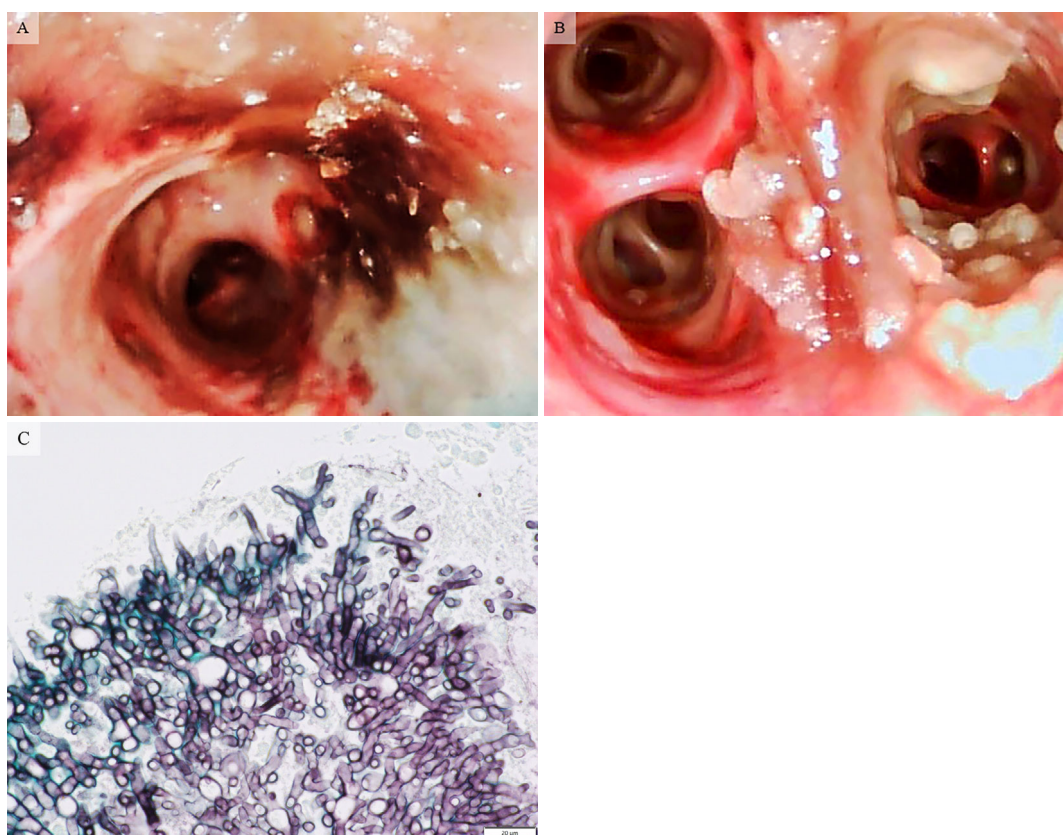
COVID-19-associated *Aspergillus* Tracheobronchitis

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Key words: COVID-19, *Aspergillus*, tracheobronchitis, CAPA (COVID-19-associated pulmonary aspergillosis)

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Picture.

A 70-year-old woman with diabetes and renal failure presented with a fever and hypoxemia and was diagnosed with coronavirus disease 2019 (COVID-19) infection and hospitalized. On day 1, dexamethasone at 6 mg once daily and remdesivir and tocilizumab were started. However, on day 7, her condition deteriorated, and she required a ventilator. However, her respiratory status improved only temporarily, so tocilizumab was re-instituted, and dexamethasone was continued. On day 16, bronchoscopy performed for acute hypoxemia revealed pseudomembranes and ulceration on

multiple bronchial walls (Picture A, B), so an endobronchial biopsy was performed. Laboratory studies showed elevation of β -D-glucan to 238 pg/mL. Chest computed tomography revealed bilateral diffuse ground-glass opacification. Suspecting COVID-19-associated *Aspergillus* tracheobronchitis, voriconazole was administered. However, she never improved and eventually died from respiratory failure. Later, the results of a biopsy evaluation showed *Aspergillus* (Picture C: Grocott's methenamine silver staining), confirming a diagnosis of *Aspergillus* tracheobronchitis. Cases of COVID-

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19 infection requiring steroid therapy in the intensive-care unit should be aggressively considered for bronchoscopy, with *Aspergillus* tracheobronchitis also kept in mind.

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The authors state that they have no Conflict of Interest (COI).

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