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IMAGES IN INTENSIVE MEDICINE

Massive hemoptysis due to *Aspergillus*-related pulmonary artery pseudoaneurysm in a patient with COVID-19 pneumonia



Hemoptisis masiva debido a un pseudoaneurisma de la arteria pulmonar en una paciente con aspergilosis pulmonar y neumonía COVID-19

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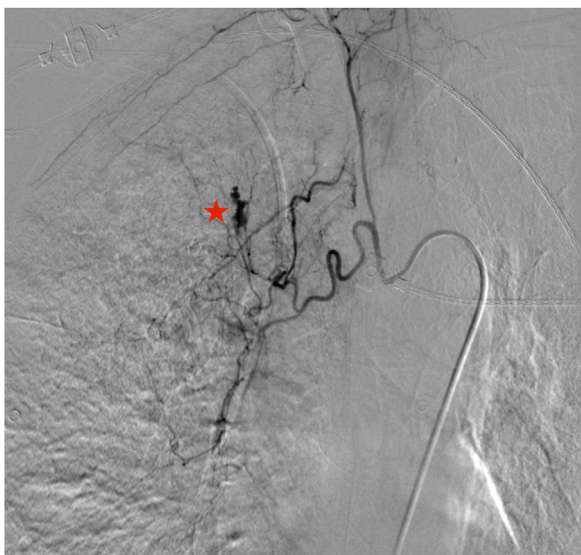


Figure 1

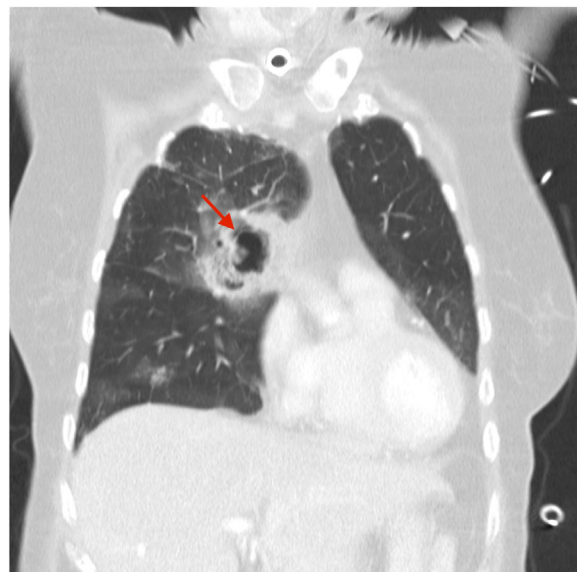


Figure 2

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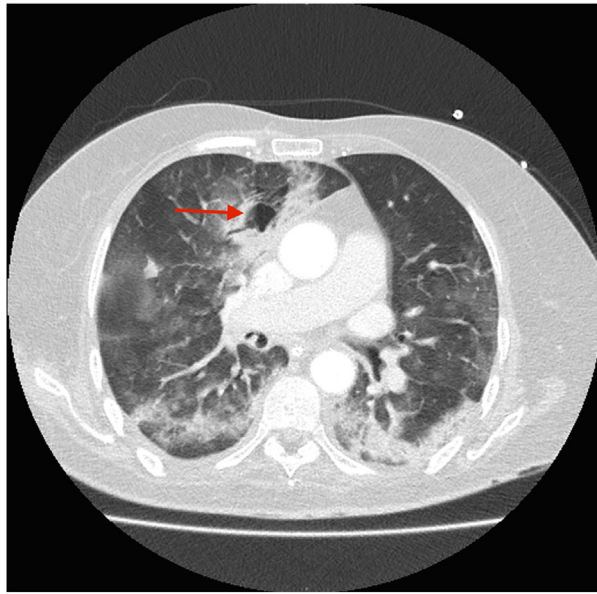


Figure 3

A 70-year-old woman was admitted to our intensive care unit due to COVID-19 pneumonia. She received treatment with remdesivir for five days, two doses of tocilizumab and methylprednisolone (1 mg/kg/day). Patient required intubation and tracheostomy due to myopathy. After nineteen days, patient presented a massive hemoptysis. An urgent bronchoscopy evidenced a non-occlusive clot in the right main bronchus and a pulsatile lesion underneath. The pulmonary artery angiography showed a pseudoaneurysm in a right intercostobronchial trunk (Fig. 1) with extravasation of iodinated contrast (*red star*). Immediate transcatheter exclusion of the pseudoaneurysm was successful. The thoracic CT-scan evidenced the typical COVID-19 pattern with a highly suspicious *aspergillus* cavity (*red arrow*) in the right upper lobe pulmonary parenchyma (Figs. 2 and 3). Respiratory secretions cultures were positive for *Aspergillus niger* so dual antifungal treatment was started. This case illustrates the risk of COVID-19 associated pulmonary aspergillosis (CAPA) and related complications.

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Conflicts of interest

The authors declare that they have no conflict of interest.