Clinical Section

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MEETING AT THE LUTON AND DUNSTABLE HOSPITAL, LUTON, BEDS

Aspergillosis Complicating Pulmonary Tuberculosis.—DONALD BARLOW, M.S., F.R.C.S.

M. N., female, aged 25. Had bronchiectasis of the whole left lung with a large apical cavity and secondary tuberculous infection. A left pneumonectomy was undertaken and during the removal of the lung the apical cavity was opened.

Aspergillosis developed in the pleura and later she had a bronchopleural fistula. She became sensitized to the fungus and ran a persistent high temperature and steadily became more ill and emaciated. The fungus infection in the pleura failed to respond to any of the known antibiotics, to PAS, isoniazid or the sulphonamides. It was resistant to iodides, neoarsphenamine, actidione and hydroxystilbamide. Fortunately it responded well to Phenoxetol and after prolonged treatment of the pleural cavity with this drug, she eventually made steady improvement and has now put on 1½ st. in weight. During her illness the ribs on the left side became osteomyelitic but have now regenerated. After many weeks in hospital the pleural cavity became negative for both tubercle and the fungus, but recently both have been positive again.

The treatment of such a case is very difficult. It is felt that she should have a thoracoplasty to reduce as far as possible the size of the cavity and the area for toxic absorption and eventually she may have to have a pleurectomy with mechanical closure of the fistula.

The aspergillus was first described by Micheli in 1729; when it infects the human subject it tends to produce the following symptoms: (1) Hæmoptysis. (2) Cough with sputum. (3) Prolonged pyrexial attacks. (4) Asthmatic attacks.

X-rays of patients with hæmoptysis, cough and sputum, tend to present a fairly characteristic appearance, namely, a cavity in which there is a semi-solid mass presenting a crescentic air shadow on one side of it.

In retrospect, the bronchograms of our patient show a mass (aspergilloma) with an air-space round it in the large left apical cavity. Some patients may present merely with bronchiectasis and these may have asthmatic attacks due to masses of the fungus in the bronchi. The fungus is often coughed out of one collapsed lobe only to produce a similar lesion in another and radiographs show changing areas of lobular or lobar collapse. The sputum contains tiny brownish granules composed of the mycelium with Charcot-Leyden crystals and Curschmann's spirals. The blood usually shows a fairly marked eosinophilia and on bronchoscopy one can sometimes see masses of fungus in the bronchi or a polypoid mass of granulation tissue.

The commonest of the four types of aspergillosis is that caused by *Aspergillus fumigatus.*

Dr. Neville Oswald felt that Mr. Barlow's statement that aspergillosis usually occurs within chronic cavities in the lungs was rather sweeping, as it was liable to occur as a terminal complication in cachectic states without any pulmonary cavitation. Also, of course, it was a well-recognized condition in pigeon fanciers who were in the habit of feeding their birds from their own mouths. Mr. Barlow's patient obviously would require a thoracoplasty at some time, but the present combination of infection by tuberculosis and aspergillosis in addition to the rather recent osteomyelitis of the ribs, made the operation rather hazardous at this stage.

Myocardial Sarcoidosis.—D. R. RYRIE, M.B. (for T. PARKINSON, M.D.).

Mr. W. L., aged 23. Press operator.

History.—January 1954; Patient was referred to Luton Chest Clinic because of loss of weight over the last year. X-ray showed enlargement of hilar lymph nodes. On 12.12.53 the Mantoux reaction was negative to 1/100. A marked pulse irregularity was noted and the patient was referred here by Dr. J. B. Shaw with a tentative diagnosis of sarcoidosis with myocardial involvement.

25.1.54: Admitted for investigation. Physical examination showed only a markedly irregular pulse, clinically resembling that of auricular fibrillation. There were no enlarged lymph nodes, no eye signs and no enlargement of the liver or spleen.