



Obstructive Pseudomembranous Tracheobronchitis by Invasive Pulmonary Aspergillosis

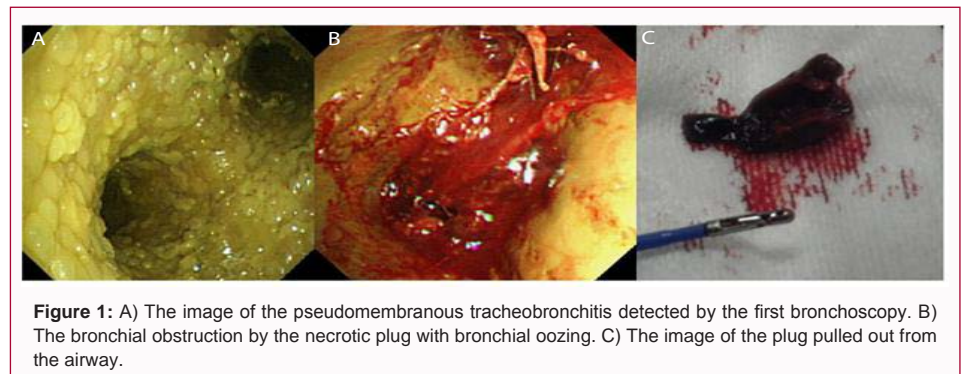
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Clinical Image

A male patient in his 60s was admitted to the Intensive Care Unit (ICU) of our hospital due to sepsis induced by worsening ileus after receiving chemotherapy for Hodgkin's lymphoma. He presented with hypoxia and hypercapnia. After tracheal intubation, bronchoscopy revealed pseudomembranous lesions around the walls of the trachea (Figure 1A). Rapid biopsy revealed *Aspergillus fumigatus*, which led to the diagnosis of pseudomembranous tracheobronchitis by Invasive Pulmonary Aspergillosis (IPA). During intravenous and intratracheal administration of antifungal medications, we frequently found central airway obstruction by a necrotic plug (Figure 1B). The necrotic plug was about 1 cm (Figure 1C). Pseudomembranous tracheobronchitis is atypical manifestation of IPA and is often detected in an immunocompromised host. Although our patient was diagnosed early *via* bronchoscopy, Extracorporeal Membrane Oxygenation (ECMO) was still needed to manage hypoxia and hypercapnia. At follow-up, 26 days later, the patient expired due to multiple organ failure.



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