

ACUTE PULMONARY ADIASPIROMYCOSIS - A CASE REPORT

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ABSTRACT:

A Case Report

A 42 years old, brown man from Eirunepé, Amazonas, living in a wooden house, related work in construction, alcoholic since 30 years ago, was admitted to the hospital with fever, chest pain, cough, hemoptysis, nose bleeds and dyspnea. Also refers intense arthralgia, night sweats and weight loss of 10 kg, over the previous four months.

Blood investigations revealed eosinophilia, and the erythrocyte sedimentation rate (ESR) was high. A chest X-ray showed marked interstitial infiltrate. Work up for tuberculosis as acid-fast bacillus stain, culture and PCR Real time was negative. From sputum fungi tests were performed and the Direct examination with KOH mount 10% revealed round cells, aleurioconidia. Cultures of the sample on Sabouraud agar at 30°C and 37°C yielded in ten days. *Emmonsia crescens* is a saprophytic fungus that is distributed worldwide. It has also been described, though rarely, as an etiologic agent of pulmonary pathology in humans, potentially leading to death.

As an agent of adiaspiromycosis, are known to form meiotic (sexual) stages in the ascomycete genus *Ajellomyces* (Onygenaceae, Onygenales). Adiaspiromycosis is a systemic fungal disease that usually affects rodents and rarely infects humans. It is caused by the fungus *Emmonsia crescens* and occurs after inhalation of its contagious form (conidia).

Among the vast diversity of respiratory pathogens, fungi account for only a small portion of community-acquired and nosocomial pneumonias. However, fungal respiratory infections generate concern in the expanding population of immunosuppressed patients.

Treatment: Fluconazole 150 mg OD was added. Radiological clearance was observed even within 3 weeks of treatment. At follow-up three months after discharge, the patient was asymptomatic, and he had returned to his previous weight.

Key words: adiaspiromycosis, acute pulmonary. *Emmonsia*

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