Esophageal diagnosis of a malignant aspergilloma

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A 59-year-old male patient developed a new 4 cm × 6 cm cavitary left upper lung lesion over a 2 months period. The patient had a prior history of a surgically resected Stage IA non-small cell lung cancer in the right upper lobe 3 years prior. He was treated for possible infection with radiographic improvement on subsequent imaging. Further imaging after 3 months revealed an oval soft tissue density within the cavity with air crescent sign [Figure 1]. Bronchoscopy with transbronchial biopsies showed an acute and chronic granulomatous inflammation. *Aspergillus fumigatus* was noted on culture and voriconazole was initiated. Subsequent imaging showed initial improvement and then the...
stability of cavity size. However, 11 months later, the medial wall of the cavity showed increased thickness. Bronchoscopy showed no endobronchial lesions [Figure 2]. Esophageal ultrasound-guided fine-needle aspiration using the endobronchial curvilinear endoscopic ultrasound bronchoscope was performed for a sampling of the cavity wall that was abutting the mediastinum [Figure 3]. The aspirate showed squamous cell lung cancer and the patient was started on therapy after appropriate staging.[2]

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that his name and initial will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

REFERENCES