

## A mycotic cave

Matteo Guarino, Franco Alfano,  
Edoardo Gambuti, Roberto De Giorgio

### CASE REPORT

A 50-year-old man with a long history of heavy smoking presented to the Emergency Unit of the St. Anna Hospital, Ferrara, Italy, with cough and brown expectorate since about a month. The patient was afebrile. The physical examination did not disclose major findings apart from a marked reduction of vesicular murmur. Laboratory tests showed a normal white cell count, a significant increase of C-reactive protein (22.4 mg/dl; n.v.: <0.5 mg/dl) with normal procalcitonin levels. The X-ray of the thorax revealed an excavated lesion in the upper right lobe of the lung. A high resolution computed tomography (CT) of the lung confirmed the presence of a huge abscess (maximal diameter: 6.5 cm) (Figure 1) with features indicative of fungal hyphae (arrows in Figure 1). Urinary tests for pneumococcal and legionella antigens resulted negative as well as serology for *Mycoplasma pneumoniae* and *Mycobacterium tuberculosis*. Microbiological analysis on bronchoalveolar lavage fluid detected the presence of a *Candida glabrata*, whereas blood cultures were negative. Because of the resistance to antifungal treatments, a right superior lobectomy was needed and successfully performed. Six days after the operation the patient was discharged in good health with the recommendation of a respiratory rehabilitation for the next three months.

### DISCUSSION

Mycetomas in asymptomatic and non-immunosuppressed subjects are rare clinical condition

Matteo Guarino<sup>1</sup>, Franco Alfano<sup>1</sup>, Edoardo Gambuti<sup>1</sup>, Roberto De Giorgio<sup>1</sup>

**Affiliation:** <sup>1</sup>Department of Medical Sciences and School of Emergency Medicine, Emergency Unit, St. Anna Hospital, University of Ferrara, Italy.

**Corresponding Author:** Matteo Guarino, MD, Department of Medical Sciences, St. Anna Hospital, Via A. Moro 8, 44124 Cona, Ferrara, Italy; Email: grnmmt@unife.it

Received: 14 October 2019

Accepted: 13 November 2019

Published: 27 December 2019

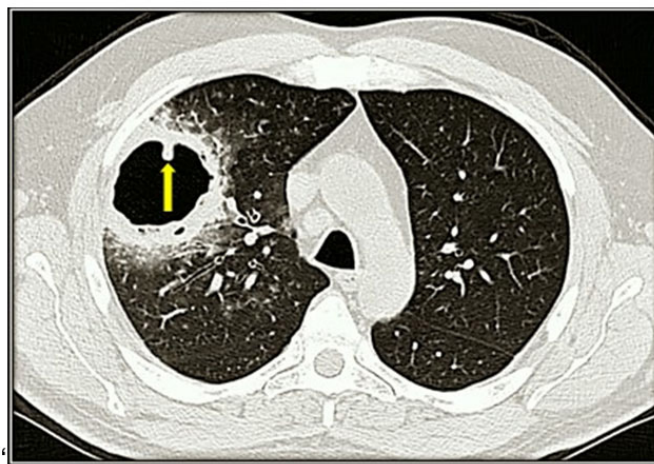


Figure 1: CT scan showing a huge (maximal diameter: 6.5 cm) mycetoma in the upper lobe of the right lung.

and represent a challenge for physicians. From a radiological perspective, mycetomas are often seen in the upper lobe, typically as a mobile mass with an air crescent. Differential diagnosis includes neoplasms and hematomas. Medial management of mycetomas includes antibiotic or antifungal treatments that should be always attempted. However, as shown by this case, the efficacy of antibiotic or antifungal drugs is limited and surgery may be needed [1–3].

### CONCLUSION

Mycetomas are conditions related to fungal infections, which can even occur in non-immunocompromised patients. So far, there are no established guidelines as to how a patient with mycetoma should be appropriately managed. As highlighted by this case, based on initial evidence of a mycetoma, physicians working in the emergency setting should promptly recommend appropriate diagnostic tests and start antifungal treatment.

\*\*\*\*\*

**Keywords:** Fungal infections, Lung injury, Mycetoma

**How to cite this article**

Guarino M, Alfano F, Gambuti E, De Giorgio R. A mycotic cave. Int J Case Rep Images 2019;10:101081Z01MG2019.

Article ID: 101081Z01MG2019

\*\*\*\*\*

doi: 10.5348/101081Z01MG2019CI

\*\*\*\*\*

**REFERENCES**

1. Venkatswami S, Sankarasubramanian A, Subramayanm S. The madura foot: Looking deep. Int J Low Extrem Wounds 2012;11(1):31–42.
2. Rubin AH, Alroy GG. Candida albicans abscess of lung. Thorax 1977;32(3):373–6.
3. Shimizu J, Arano Y, Ikeda C, Ishikawa N, Ohtake H. Intractable lung abscess successfully treated with cavernostomy and free omental plombage using microvascular surgery. Gen Thorac Cardiovasc Surg 2009;57(11):616–21.

\*\*\*\*\*

**Author Contributions**

Matteo Guarino – Conception of the work, Design of the work, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Franco Alfano – Conception of the work, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of

any part of the work are appropriately investigated and resolved

Edoardo Gambuti – Conception of the work, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Roberto De Giorgio – Conception of the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

**Guarantor of Submission**

The corresponding author is the guarantor of submission.

**Source of Support**

None.

**Consent Statement**

Written informed consent was obtained from the patient for publication of this article.

**Conflict of Interest**

Authors declare no conflict of interest.

**Data Availability**

All relevant data are within the paper and its Supporting Information files.

**Copyright**

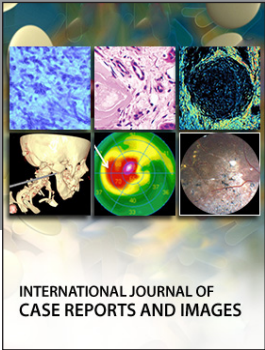
© 2019 Matteo Guarino et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

Access full text article on other devices



Access PDF of article on other devices





**Submit your manuscripts at**  
[www.edoriumjournals.com](http://www.edoriumjournals.com)

