

# **Invasive pulmonary aspergillosis with cerebral abscess in a patient with idiopathic thrombocytopenic purpura.**

劉永慶

**Tsai HC;Lee SS;Wann SR;Chen YS;Wang JS;Liu YC**

摘要

## **Abstract**

Invasive aspergillosis is a devastating infection in immunocompromised hosts. The lung is the most common site of primary infection, and the central nervous system is the most common secondary site of invasive disease. Invasive aspergillosis in autoimmune pathologies treated with corticosteroids has rarely been reported in the literature. Herein, we report the case of a 48-year-old female patient with idiopathic thrombocytopenic purpura complicated with fatal invasive pulmonary and cerebral aspergillosis. She had been given 1,016 g intravenous amphotericin B empirically for lung infection during a previous admission. At presentation, she had fever, cough, and shortness of breath for 4 weeks. Chest radiography revealed a huge cavity over the left upper lung field. Bronchoscopic biopsy and culture showed *Aspergillus* species. She was initially treated with intravenous amphotericin B (0.9 mg/kg/day), and intravenous hydrocortisone for her idiopathic thrombocytopenic purpura. However, deterioration of consciousness occurred 12 days after hospitalization. Computed tomography of the brain showed ring-like cystic mass lesions in the right side basal ganglion. Stereotactic aspiration of the brain revealed *Aspergillus* species. Her condition exacerbated despite combination treatment with high-dose amphotericin B (1.2 mg/kg/day) and itraconazole (400 mg/day). She died 24 days after admission. This case suggests that treatment with corticosteroids and premature discontinuation of antifungal drugs bear the risk of fatal cerebral involvement in patients with invasive pulmonary aspergillosis.