

Case Report

Allergic Bronco-Pulmonary Aspergillosis [ABPA]; Misdiagnosed As TB

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Introduction

Allergic bronchopulmonary aspergillosis (ABPA) is a condition characterized by an exaggerated response of the immune system (a hypersensitivity) to the fungus *Aspergillus* (most commonly *Aspergillus fumigatus*). It occurs most often in patients with asthma or cystic fibrosis. *Aspergillus* spores are ubiquitous in soil and are commonly found in the sputum of healthy individuals. *A. fumigatus* is responsible for a spectrum of lung diseases known as aspergillosis.

ABPA causes airway inflammation which can ultimately be complicated by sacs of the airways (bronchiectasis). The disease may cause airway constriction (bronchospasm). Besides asthma and cystic fibrosis, ABPA can also resemble other conditions such as eosinophilic pneumonia. Patients with allergic bronchopulmonary aspergillosis often have symptoms of poorly controlled asthma, with wheezing, cough, shortness

of breath and exercise in tolerance. They also have symptoms reminding of bronchiectasis, such chronic sputum production, coughing up brownish mucoid plugs or even blood (the latter is called hemoptysis), and recurrent infections (with fever and malaise). However, since the infiltrates in ABPA indicate eosinophilic pneumonia, they do not respond to treatment with antibiotics. ABPA is misdiagnosed as pulmonary tuberculosis in TB-endemic regions as many of the clinical and radiological are similar in both diseases.

Objectives

The present study was conducted to see the radiological and clinical features of ABPA and to identify cases of ABPA who were erroneously labeled as Pulmonary Tuberculosis and Took ATT.

Materials and Methods

This was a ten year study from 1999 to 2009. 100 cases 55 male, 45 female were included. Diagnosis was made on history, Ab. Eosinophil count, CXR infiltrates, elevated total serum IgE

(>1000) and CT chest. Tuberculosis was diagnosed/excluded by standard sputum smear microscopy.

Results

18 patients were on ATT. 62 patients had taken ATT once, 15 twice and 5 patients had a history of more than two courses. 84 cases were diagnosed by G.P, 11 by consultant physician and 5 by chest specialist.

Discussion

TB is more common and clinical symptoms are almost similar. Therefore common disease is commonly diagnosed. Our doctors are not properly sensitized with ABPA. The Diagnosis of tuberculosis should be questioned if the clinical response is inadequate in 6-8 weeks.