Clinical Image

High-Attenuation Mucus in Allergic Bronchopulmonary Aspergillosis

Yuji Kouzaki, Soichiro Kanoh,* Akihiko Kawana

Department of Internal Medicine, Division of Infectious Diseases and Respiratory Medicine, National Defense Medical College, Tokorozawa, Saitama, Japan

A 79-year-old man with chronic obstructive pulmonary disease underwent laparoscopic nephrectomy for the treatment of clear cell renal cell carcinoma (T1bN0M0). Eight months later, follow-up CT revealed bronchial cast shadows with high-attenuation lesions in the right lower lobe (Fig. 1A–C). We suspected endobronchial metastasis from renal cell carcinoma and performed repeated fiberoptic bronchoscopy to collect biopsy specimens. Although there were no malignant cells, mucus plugs showing Charcot–Leyden crystals and Aspergillus were found. Furthermore, total and Aspergillus-specific IgE levels were elevated. Aspergillus

Fig. 1. High-resolution CT of the chest showing mucus plugging of dilated bronchi (A, lung window) and high-attenuation lesions (B, mediastinal window) in the right lower lobe. Coronal view CT with intravenous contrast revealed partially high-attenuation mucus plugs (C). Follow-up CT showed improvement of mucus plugging and presence of bronchiectasis (D).
**Conflict of Interest**

The authors declare no conflict of interest associated with this manuscript.

**References**
