

Clinical Image

Pulmonary vein thrombosis due to invasive pulmonary aspergillosis[☆]

Trombosis de vena pulmonar secundaria a aspergilosis pulmonar invasiva

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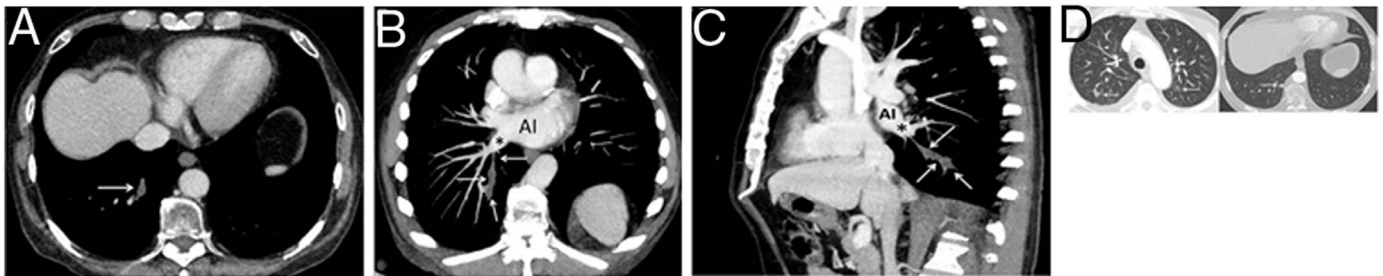


Fig. 1. A) Axial chest CT image showing a tubular opacity in the posterior-basal segment of the right lower lobe corresponding to a large filling defect in the pulmonary vein of that segment (arrow). B and C) Oblique coronal (B) and sagittal (C) reconstructions of the chest CT (maximum intensity projection images) in which the continuity of the thrombosed vein (arrow) to the right inferior pulmonary vein (asterisk) and the left atrium (AI) can be best identified. D) Chest axial CT images (pulmonary parenchyma window at the aortic arch and bases) showing small bilateral parenchymal opacities (arrows).

We report the case of a 64-year-old patient with a history of myelodysplastic syndrome treated with haploidentical hematopoietic stem cell transplantation (HSCT), who developed graft-versus-host disease as a complication, requiring treatment with corticosteroids and ruxolitinib. Six months after HSCT, he presented in the emergency room with a severe respiratory infection. Chest CT revealed bilateral pulmonary opacities and a large filling defect of a segmental pulmonary vein extending to the right inferior pulmonary vein, but not to the left atrium, consistent with acute thrombosis (Fig. 1A–C). The detection of galactomannan antigen confirmed invasive aspergillosis, and antifungal therapy (voriconazole) was initiated. Anticoagulants could not be given due to severe thrombocytopenia caused by ruxolitinib. A follow-up chest CT confirmed radiological improvement of the pulmonary vein thrombosis and inflammatory changes in the lungs.

Pulmonary vein thrombosis due to invasive aspergillosis is a highly unusual and serious complication that requires immediate antifungal and anticoagulant treatment to prevent progression to the left atrium and the development of life-threatening systemic embolisms.¹ In our case, antifungal treatment (without anticoagulants) was sufficient to contain the progression of pulmonary venous thrombosis.

Reference

1. Stein PD, Denier JE, Goodman LR, Matta F, Hughes MJ. Pulmonary vein thrombosis in patients with medical risk factors. *Radiol Case Rep.* 2018;13:1170–3.

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