





Aspergillus bronchitis is a chronic infection of the airway lining by the members of the Aspergillus family of moulds.

Aspergillus is a fungus that is present in the environment with spores that can be inhaled into the lung. In most people the fungus is cleared from the lung without causing any problem. However, in certain individuals who are susceptible (most commonly related to underlying asthma or cystic fibrosis) it can cause damage to lung tissue.

Aspergillus bronchitis is fairly common in cystic fibrosis and can very occasionally occur in individuals without cystic fibrosis, who may be found to have problems with the immune system of the lung immune defences.

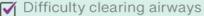


Aspergillus bronchitis can present in different ways.

Typical features include shortness of breath, coughing, including coughing up fungal material.

Cough

▼ Shortness of breath



Recurrent chest infections

How is Aspergillus bronchitis diagnosed?

The diagnosis of Aspergillus bronchitis is based on a combination of blood tests, sputum tests, radiological investigations and symptoms.

Sputum

Positive Aspergillus culture or PCR. Sometimes galactomannan may be used. Sometimes a bronchoscopy may be required.

Blood Tests

An elevated Aspergillus IgG or precipitin in the absence of other allergic antibodies

Lung Imaging

The main features are usually only apparent on CT scan and usually show evidence of inflammation of the bronchial tree. However, the CT may be normal



Antifungals are the mainstay of treatment with triazole antifungals such as itraconazole being the cornerstone of therapy.

As the infection is restricted to the airways it may also be possible to give inhaled antifungals such as amphotericin B via a nebuliser.

Assessing any underlying issues that are affecting immunity to Aspergillus is also very important, for instance immunosuppressing drugs.



You are not alone! Find support at: aspergillosistrust.org

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