KREP 2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MODERATOR : DR JEEVIKA M U , HOD DEPT OF RADIDIAGNOSIS

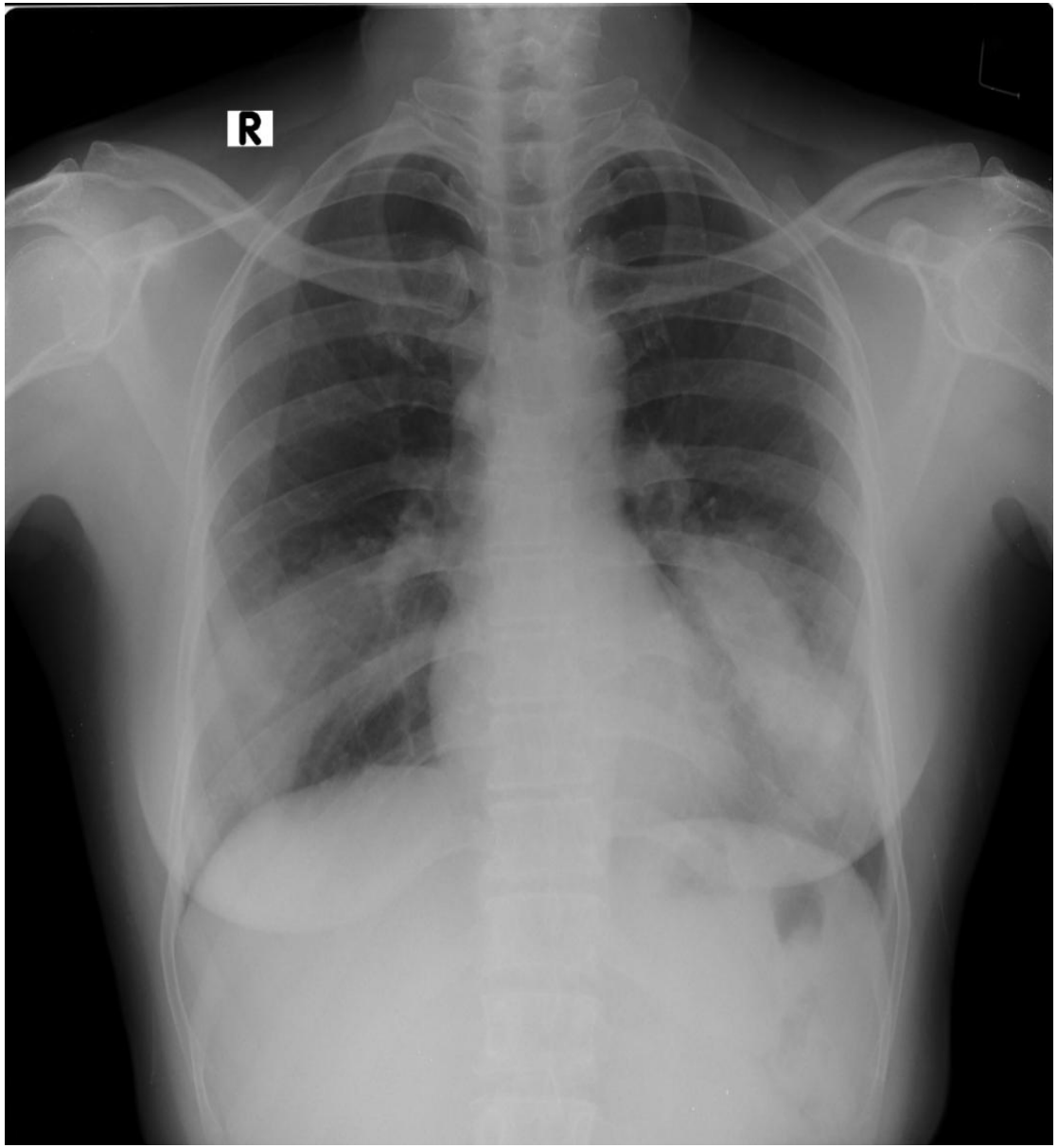
JJMMC, DAVANGERE

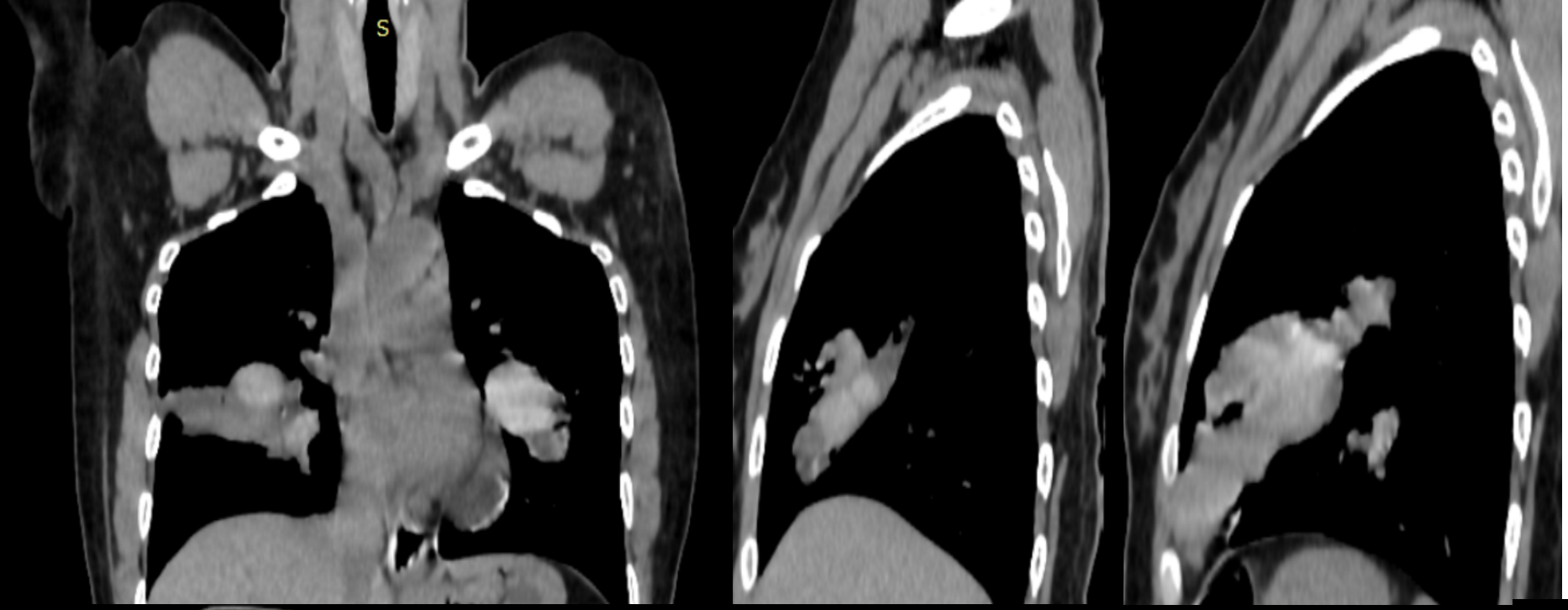
PRESENTER : Dr Vidya, PG Resident

HISTORY

- 38Y OLD FEMALE
- C/O SHORTNESS OF BREATH SINCE 5 DAYS. ASSOCIATED WITH ORTHOPNEA
- C/O COUGH WITH EXPECTORATION ON AND OFF SINCE 1 MONTH
- K/C/O BRONCHIAL ASTHMA SINCE 15 YEARS, ON MEDICATION
- K/C/O HYPOTHYROIDISM × 7 YEARS , ON REGULAR MEDICATION
- NO H/O PTB OR COVID
- TOTAL COUNT ELEVATED
- DLC – neutrophils 90% lymphocytes 8% basophils 1% monocytes 0.3%
- Absolute eosinophil count elevated

- **<u>Radiological Findings</u>**
- **<u>Chest Radiograph PA View</u>**
- **Lung Fields:**
  - **Left Lung:** Shows tubular branching opacities in the lower zones; no air bronchogram noted.
  - **Right Lung:** Exhibits inhomogeneous opacities with surrounding reticulation.

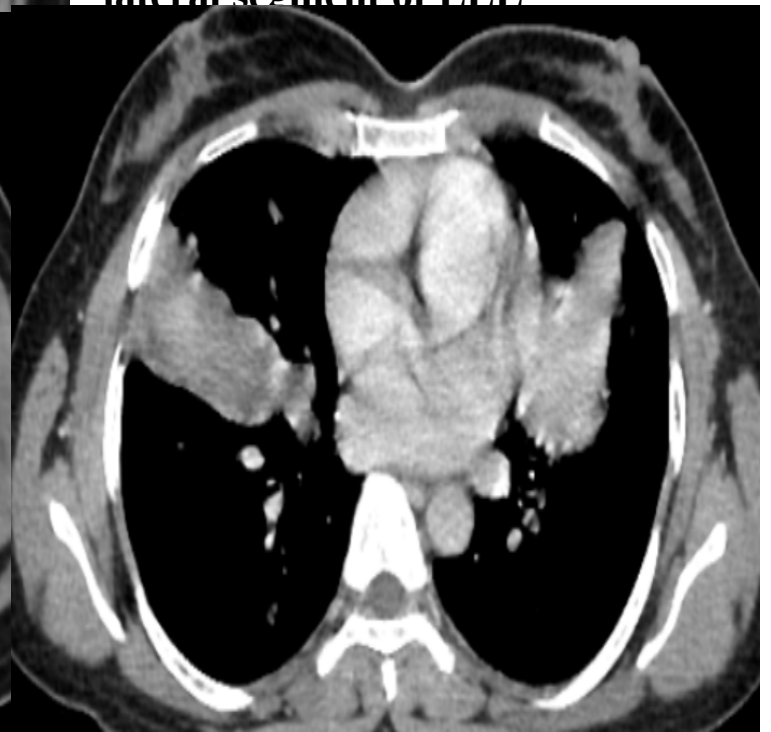


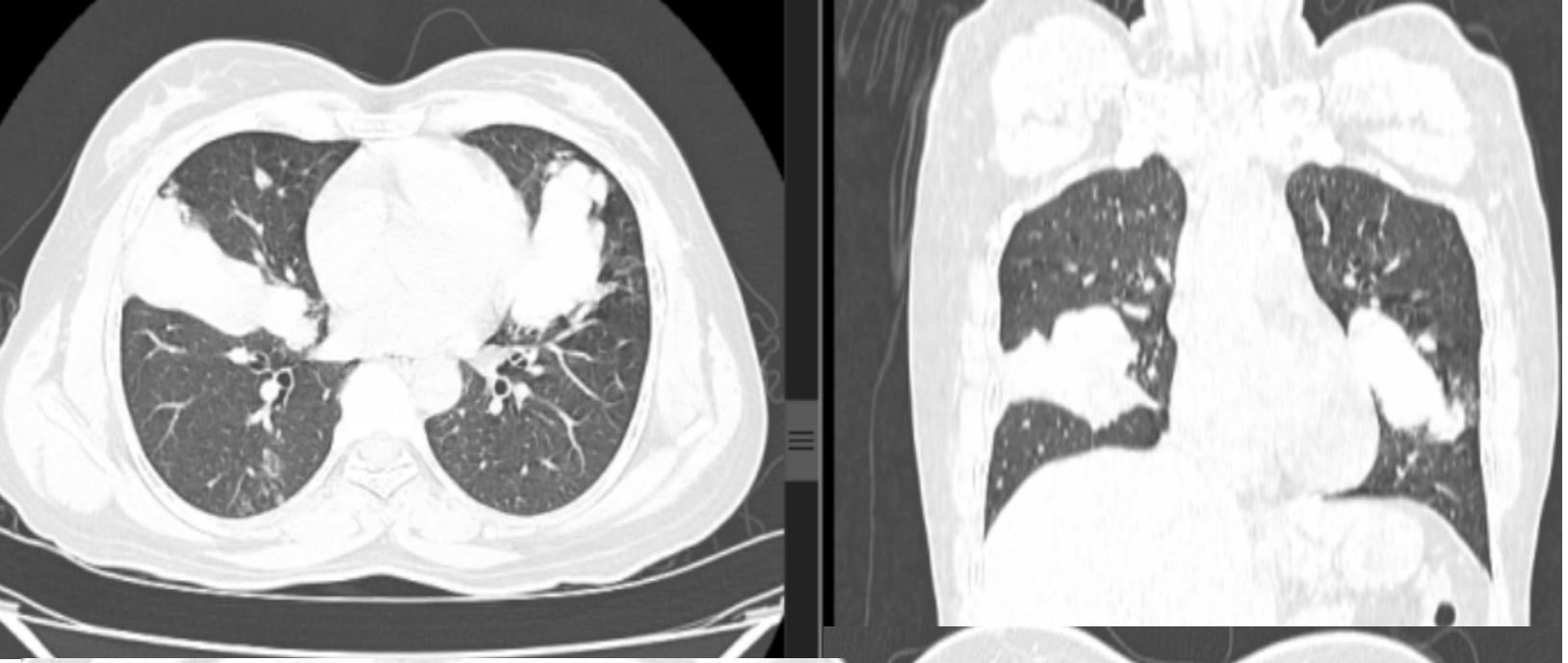


CECT thorax Findings:

High attenuating non-enhancing (HU: 90-130) linear densities noted giving branching appearance (finger in glove appearance) noted in lateral segment of RML and lingular segment of LUL.

Similar hyperdense foci noted in superior segment of RLL and lateral segment of LLL





- **Tubular and central bronchiectasis seen in segmental bronchi of anterior and posterior segment of RUL, lateral segment of RML, lingular segment of LUL. centrilobular nodules giving tree in bud appearance noted in Lateral segment of RML, superior segment of RLL and lateral basal segment of LLL.**

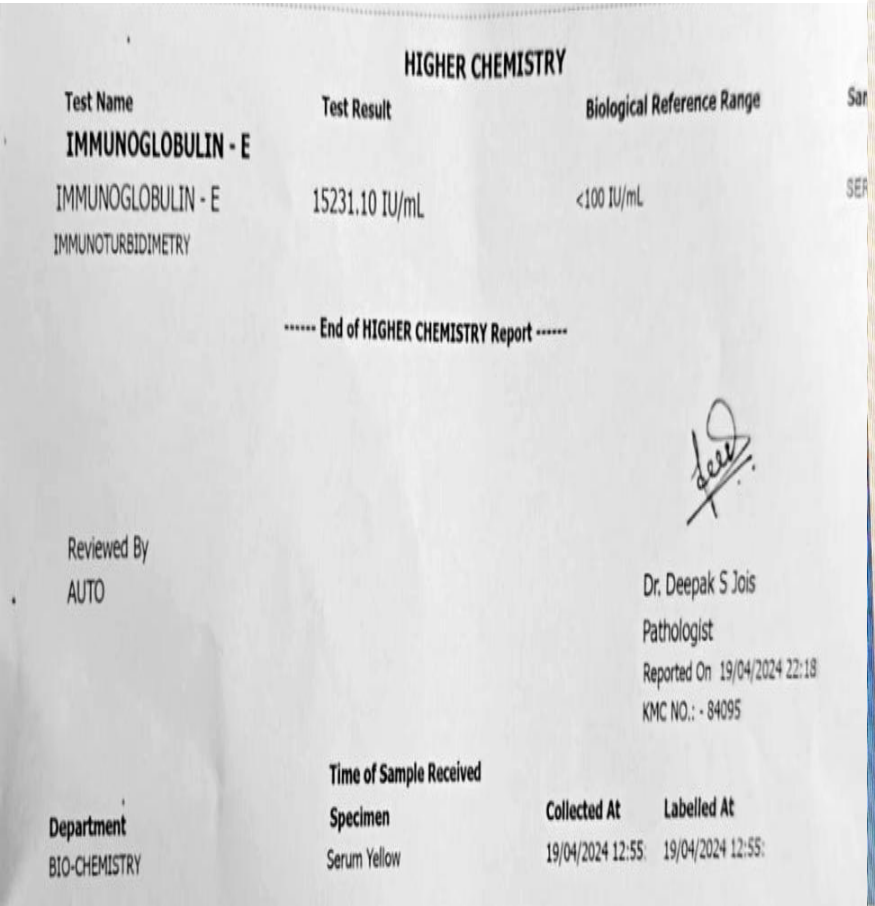
FINDINGS

- High attenuating non-enhancing branching linear densities in bilateral lung fields as described –Impacted high attenuating mucus
- Tubular and central bronchiectasis seen in segmental bronchi of anterior and posterior segment of RUL, lateral segment of RML, lingular segment of LUL.

➔ F/S/O Allergic Broncho pulmonary aspergillosis (ABPA – CB /HAM)

FOLLOW UP:

Elevated serum IgE levels and positive skin tests for Aspergillus, along with bronchoalveolar lavage showing high fungal loads, confirmed ABPA.



HIGHER CHEMISTRY

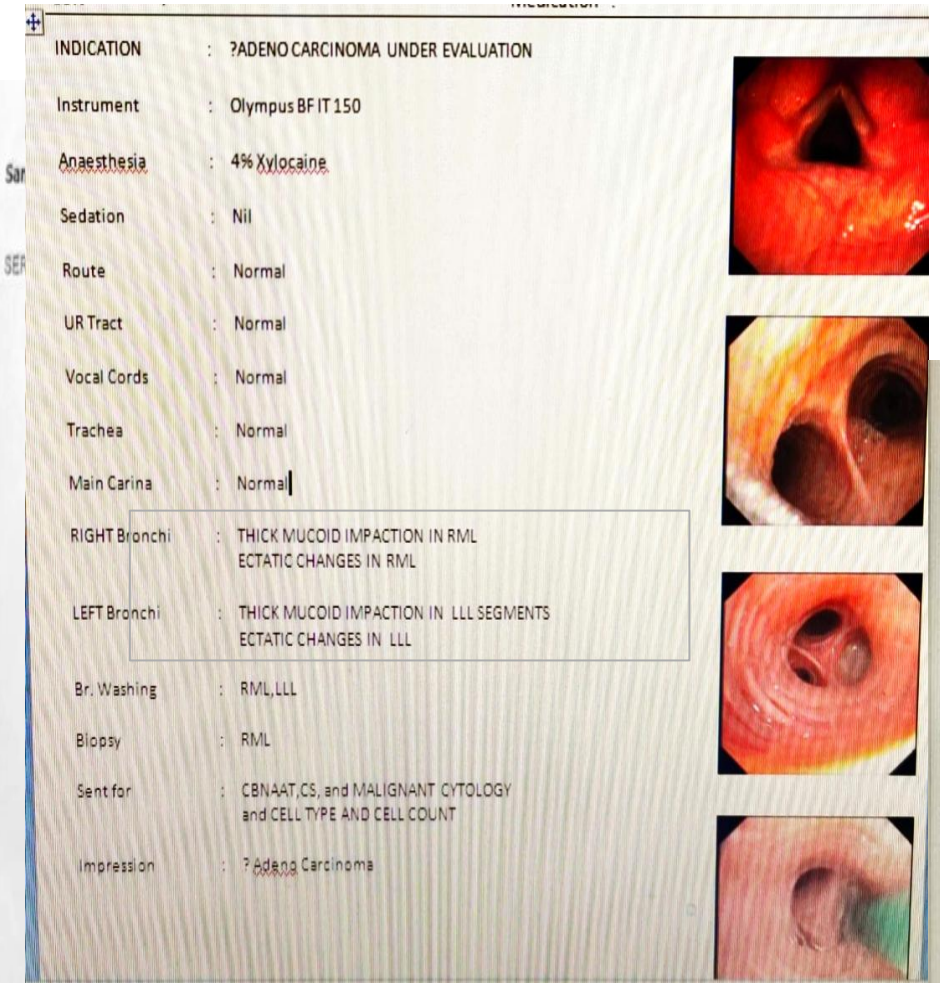
Test Name	Test Result	Biological Reference Range
IMMUNOGLOBULIN - E		
IMMUNOGLOBULIN - E	15231.10 IU/mL	<100 IU/mL
IMMUNOTURBIDIMETRY		

------ End of HIGHER CHEMISTRY Report ------

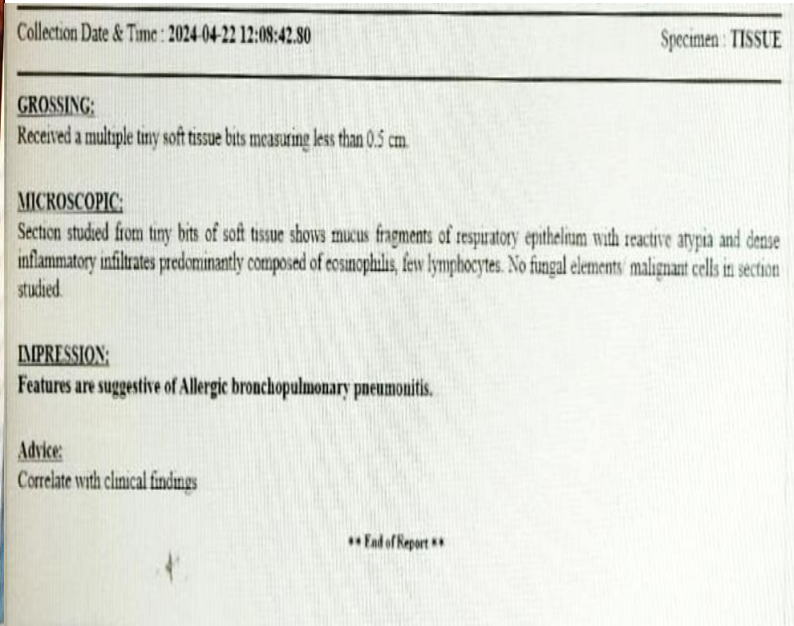
Reviewed By
AUTO

Dr. Deepak S Jois
Pathologist
Reported On 19/04/2024 22:18
KMC NO.: - 84095

Department	Time of Sample Received Specimen	Collected At	Labelled At
BIO-CHEMISTRY	Serum Yellow	19/04/2024 12:55:	19/04/2024 12:55:



INDICATION	:	?ADENO CARCINOMA UNDER EVALUATION
Instrument	:	Olympus BF IT 150
Anaesthesia	:	4% Xylocaine
Sedation	:	Nil
Route	:	Normal
UR Tract	:	Normal
Vocal Cords	:	Normal
Trachea	:	Normal
Main Carina	:	Normal
RIGHT Bronchi	:	THICK MUCOID IMPACTION IN RML ECTATIC CHANGES IN RML
LEFT Bronchi	:	THICK MUCOID IMPACTION IN LLL SEGMENTS ECTATIC CHANGES IN LLL
Br. Washing	:	RML,LLL
Biopsy	:	RML
Sent for	:	CBNAAT,CS, and MALIGNANT CYTOLOGY and CELL TYPE AND CELL COUNT
Impression	:	? Adeno Carcinoma



Collection Date & Time : **2024-04-22 12:08:42.80** Specimen : TISSUE

GROSSING:
Received a multiple tiny soft tissue bits measuring less than 0.5 cm.

MICROSCOPIC:
Section studied from tiny bits of soft tissue shows mucus fragments of respiratory epithelium with reactive atypia and dense inflammatory infiltrates predominantly composed of eosinophils, few lymphocytes. No fungal elements/ malignant cells in section studied.

IMPRESSION:
Features are suggestive of Allergic bronchopulmonary pneumonitis.

Advice:
Correlate with clinical findings

** End of Report **

Introduction

Allergic Bronchopulmonary Aspergillosis (ABPA) is a hypersensitivity reaction to Aspergillus species, often complicating asthma and cystic fibrosis. Its radiological features can sometimes resemble lung carcinoma, leading to misdiagnosis. This report details a patient whose imaging findings were initially interpreted as malignancy.

Discussion

ABPA can present with radiological findings that resemble lung cancer, particularly high-attenuating mucoid plugs and bronchiectasis. In this case, the imaging characteristics were misleading, highlighting the necessity of thorough evaluation through FNAC and bronchoscopy.

Conclusion

This case underscores the need for awareness of ABPA's overlapping radiological features with lung cancer. Proper clinical evaluation and serological testing are crucial to avoid unnecessary surgical interventions. Clinicians should maintain a high index of suspicion for ABPA in asthmatic patients presenting with atypical pulmonary nodules, especially when respiratory symptoms and elevated IgE levels are present.