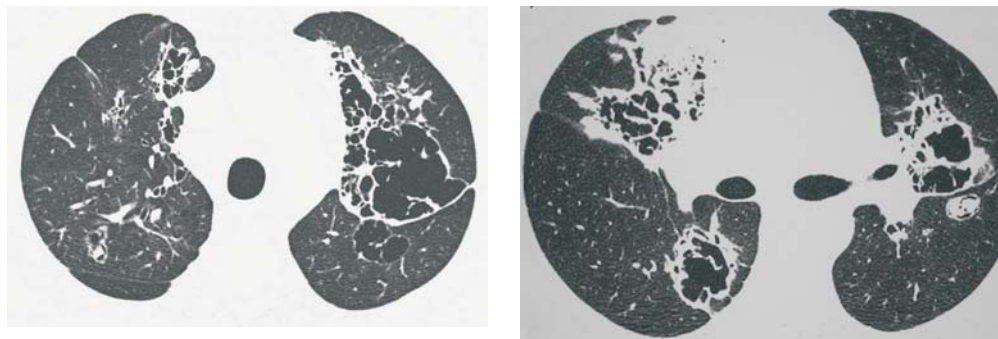


# Radiological Diagnosis

## Diagnosis of the case presented in the previous edition

J Bras Pneumol 2005;31(3): 273.

### WEGENER'S GRANULOMATOSIS WITH ASPERGILLOMA



Masculino 56 anos  
Dispneia, tosse e hemoptise

### COMMENTS

Wegener's granulomatosis is a multisystemic disease, histologically characterized by granulomatous inflammation and vasculitis that typically affects the respiratory tract and the kidneys. Its victims are usually middle aged, and there is no gender bias. The most common clinical manifestations include sinusitis, rhinorrhea, nasal/oral ulcers, polyarthralgia, fever, cough and hemoptysis. Antineutrophil cytoplasmic antibody (c-ANCA) is related to the spread of the disease and is found in approximately 90% of patients presenting Wegener's granulomatosis accompanied by respiratory and renal involvement. Despite being widely used as a means of confirming the diagnosis, c-ANCA is not specific to Wegener's granulomatosis.

The lungs may also be involved at any stage of the disease. Computed tomography is superior to chest X-ray in identifying pulmonary abnormalities, as well as in determining the pattern and extent of the same.

Radiological manifestations typically include multiple nodules and masses of varying sizes, with regular or irregular borders and in any region of the lung. Cavitation is seen in approximately half of all cases. With treatment, the pulmonary abnormalities may be resolved completely or may leave some areas of scarring.

Cavitory colonization by *Aspergillus* and the formation of aspergillomas are extremely rare in patients with Wegener's granulomatosis. Aspergilloma (fungus ball) is a conglomeration of hyphae with mucous and cellular debris found in pre-existing cavities or in dilated bronchi. In most cases, aspergillomas are found in patients with a history of tuberculosis. Other predisposing conditions include sarcoidosis, chronic fungal cavitation and ankylosing spondylitis.

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