
ERRATA

1) Foi omitida no artigo de revisão *Patologia bronquiolar*, de autoria de Vera Luiza Capelozzi, publicado no J Pneumol 25(4):232-239, 1999, a referência das figuras apresentadas:

Gary R. Epler. Diseases of the bronchioles. New York: Raven Press, Ltd. 1994.

A Editora agradece à Dra. Cláudia Lidroneta Bernadino da Costa por notar essa falha e pedir a correção. A Editora pede desculpas à autora do trabalho e aos leitores pelo inconveniente.

2) Foi omitido entre os trabalhos brasileiros apresentados no Congresso da ATS de 1999, publicados no J Pneumol 25(5):241-300, 1999, o resumo abaixo, cuja ausência foi notada pelos autores e aos quais a Editora pede desculpas.

FUNGAL SINUSITIS: COULD YOU REACH THE DIAGNOSIS?

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Fungal Sinusitis has been receiving increasing attention due to its growing incidence. Four separate presentations are described: fungal ball, allergic, slowly invasive, and fulminant sinusitis. To analyze the clinical, pathological, radiological, microbiological, and endoscopical findings of fungal sinusitis a prospective longitudinal open study with 6 months follow-up was performed. 518 patients with confirmed chronic sinusitis that underwent functional endoscopic surgery were submitted to: a) history and physical examination; b) rigid rhinoscopy; c) CT of the paranasal sinuses; d) total and specific IgE to *Aspergillus fumigatus*. Fungal sinusitis was diagnosed in 15 (2.8%) cases, (6 M, 9F, 13-60 yrs). 9 patients had fungal ball. 4 allergic fungal sinusitis and 2 the slowly invasive form symptoms were nasal obstruction (15), nasal and post-nasal drip (11), cough (11), facial pain (4) and fever (5). 6 patients presented with comorbidities (post-lung transplantation, leukemia ABPA, cocaine abuse, recurrent pneumonia, and UTI). 12 patients had purulent and 3 mucous secretions. Black fungi concretions were present in 10. Hyphae were observed in 13. *Candida* and *Alternaria* spp, each in 1 case. 10 patients presented with a superposed bacterial infection. CT showed maxillary opacification in 8 patients (6 unilateral and 2 bilateral). Metallic image was observed in elevated in 5 cases, destruction of bone walls in 4 and onion-peel appearance in 3. Total IgE was elevated in 7 cases (mean 1:904 IU), specific IgE in 3. Based on surgical debridement and oral itraconazol, clinical and endoscopical cure was accomplished in 12 cases. Conclusion: Although missing a single pathognomonic finding, fungal sinusitis should be suspected in patients presenting with chronic sinusitis non-responsive to conventional therapy, especially under immunosuppression or with high IgE levels.

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