Medical Image of the Week: Chronic Bilateral Fibrocavitary Pulmonary Coccidioidomycosis

Figure 1. Chest x-ray showing bilateral upper lobe cavitation.

Figure 2. Thoracic computed tomography showed bilateral upper lobe, multiple thick-walled cavities with associated tree in bud opacities and consolidation in the right lower lobe.

Figure 3. Cytology of bronchoalveolar lavage fluid showing coccidioidomycosis spherules (arrows).

A 47-year-old Ethiopian immunocompetent male with no past medical history presented with cough and blood tinged sputum for 1 month with no fever, night sweats, or weight loss. Chest X-ray showed bilateral upper lobe cavitary lesions (Figure 1). Computed tomography of the chest showed bilateral upper lobe, multiple thick-walled cavities with associated tree in bud opacities and consolidation in the right lower lobe (Figure 2). TB was ruled out and a bronchoalveolar lavage (BAL) was performed. Cytology on the BAL showed the presence of *Coccidioides immitis* spherules (Figure 3). Serum coccidioidomycosis by complement fixation 1:64 with positive IgG by immunodiffusion; serum antigen by EIA 0.30; and urine antigen was negative. The patient was started on fluconazole and was discharged with pulmonology follow up. Bilateral cavitary lesions are rare and they can mimic the reactivation of *M. tuberculosis*, reinforcing the importance of including coccidioidomycosis in the differential diagnosis of bilateral cavitary lung lesions for patients in endemic areas.

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Reference

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