A case of pulmonary aspergilloma without actinomycosis

We read with interest the article by Huang et al. (2011) in the April 2011 issue of the *Journal of Medical Microbiology*. In the case report, ‘A case of pulmonary aspergilloma and actinomycosis’, the fungal identity is well documented histologically (acute angled branching septated hyphae) and by culture (*Aspergillus flavus*). On the other hand, the diagnosis of actinomycosis is not conclusive. The photographic documentation (Fig. 2b) suggesting actinomycosis shows images of ‘sulfur granules’ in the Splendore-Hoeppli material that is not pathognomonic of the infection as it is a common feature of several diseases, including aspergilloma. This finding considered by the authors as actinomycosis may be a fragment of aspergilloma with Splendore-Hoepli phenomenon (Rodig & Dorfman, 2001; Ravise, 1984). For this reason, it is possible that a fragment of the fungus ball has been mistaken for actinomycosis. To ensure the correct aetiology of the Splendore-Hoeppli material is determined, it is necessary to look for the presence bacterial filaments using a different stain, such as the Gram stain.

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