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-Hoeppli 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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