

# Aspergillosis

Aspergillosis is the group of diseases caused by [Aspergillus](#). The most common subtype among paranasal [sinus infections](#) associated with aspergillosis is *A. fumigatus*.

The symptoms include fever, cough, chest pain, or breathlessness, which also occur in many other illnesses, so diagnosis can be difficult. Usually, only patients with already weakened immune systems or who suffer other lung conditions are susceptible.

In humans, the major forms of disease are:

Allergic bronchopulmonary aspergillosis, which affects patients with respiratory diseases such as asthma, cystic fibrosis, and sinusitis

Acute invasive aspergillosis, a form that grows into surrounding tissue, more common in those with weakened immune systems such as AIDS or chemotherapy patients

Disseminated invasive aspergillosis, an infection spread widely through the body

Aspergilloma, a “fungus ball” that can form within cavities such as the lung

Aspergillosis of the air passages is also frequently reported in birds, and certain species of *Aspergillus* have been known to infect insects.

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Invasive central nervous system aspergillosis is a rare form of [fungal infection](#) that presents most commonly in immunocompromised individuals. There have been multiple previous reports of aspergillus [vertebral osteomyelitis](#) and spinal epidural aspergillus abscess; however there are no reports of intramedullary aspergillus infection.

McCaslin et al. present a 19-year-old woman with active acute lymphoblastic leukemia who presented with several weeks of fevers and bilateral lower extremity weakness. She was found to have an intramedullary aspergillus abscess at T12-L1 resulting from adjacent vertebral osteomyelitis and underwent surgical debridement with ultra-sound guided aspiration and aggressive intravenous voriconazole therapy. To our knowledge this is the first reported case of spinal aspergillosis invading the intramedullary cavity. Though rare, this entity should be included in the differential for immunocompromised patients presenting with fevers and neurologic deficit. Early recognition with aggressive neurosurgical intervention and antifungal therapy may improve outcomes in future cases

<sup>1)</sup>

## Intracranial aspergillosis

see [Intracranial aspergillosis](#).

<sup>1)</sup>

McCaslin AF, Lall RR, Wong AP, Lall RR, Sugrue PA, Koski TR. Thoracic spinal cord intramedullary aspergillus invasion and abscess. *J Clin Neurosci*. 2014 Jul 23. pii: S0967-5868(14)00356-7. doi:

10.1016/j.jocn.2014.04.030. [Epub ahead of print] PubMed PMID: 25088481.

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