CLINICAL SNAPSHOT

Aspergillus Tracheobronchitis in Influenza B

A 56-year-old woman with no relevant medical history was admitted to the hospital with progressive dyspnea and high fever. Thoracic radiography on admission to the intensive care unit showed bilateral infiltrates, and polymerase chain reaction confirmed influenza B infection (Yamagata subtype). Severe acute respiratory distress syndrome (ARDS) developed very rapidly. Cultures demonstrated *Aspergillus fumigatus* in bronchial secretions only 48 h after admission. *Aspergillus* galactomannan was highly positive in the bronchoalveolar lavage fluid. Bronchoscopy showed an extensive yellowish coating of almost the whole bronchial mucosa that was resistant to rinsing (*Figure*). Histological examination of biopsy samples revealed invasive *Aspergillus* infection. Despite antimycotic treatment and the full range of intensive care measures (including extracorporeal membrane oxygenation) the patient died 52 days later after developing refractory multiple organ failure. Recent years have seen increasingly frequent reports of invasive pulmonary aspergillosis in patients requiring intensive care for influenza infection without the classic risk factors. The occurrence of this complication increases the patient's risk of death.

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