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CASE REPORT

Pulmonary Aspergillosis Complicated by Recurrent Pneumothorax in a Healthy Nigerian Adolescent at Cedar Crest Hospital, Abuja: A Diagnostic Conundrum (Case Report)

Aspergillose Pulmonaire Compiquée par un Pneumothorax Récurrent chez un Adolescent Nigérian en Bonne santé à L'hôpital Cedar Crest, Abuja – Une Énigme Diagnostique (Rapport de Cas)

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ABSTRACT

Pulmonary Aspergillosis and recurrent pneumothorax are rare paediatrics conditions posing a diagnostic difficulty when presenting together in a patient. We report the case of a male Nigerian adolescent presenting with features of community acquired pneumonia (CAP) and recurrent pneumothoraces. He had several courses of empirical antibiotics indicated for CAP with partial evidence of improvement and underwater seal drainage chest tube, for the pneumothorax severally. The pneumothorax resolved after each course of antibiotics but re-occurred after removal of closed tube thoracotomy drainage (CTTD). A galactomannan antigen test done, after six weeks of admission was positive for Aspergillus. Administration of Voriconazole, was associated with resolution of the lung opacities and recurrent pneumothorax.

The diagnostic conundrum is discussed with a view to increase disease awareness among physicians working in similar resource limited setting and improve similar case management.

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KEYWORDS: Recurrent pneumothoraces, Pulmonary Aspergillosis, Fungal, Pneumonia.

RÉSUMÉ

L'aspergillose pulmonaire et le pneumothorax récurrent sont des pathologies pédiatriques rares qui posent une difficulté diagnostique lorsqu'elles se présentent simultanément chez un patient. Nous rapportons le cas d'un adolescent nigérian de sexe masculin présentant des signes de pneumonie communautaire (CAP) et de pneumothorax récurrent. Il a reçu plusieurs cures d'antibiotiques empiriques indiqués pour la CAP, avec une amélioration partielle, ainsi qu'un drainage thoracique sous eau pour le pneumothorax à plusieurs reprises. Le pneumothorax s'est résolu après chaque cure d'antibiotiques, mais est réapparu après le retrait du drainage thoracique par thoracotomie fermée (CTTD). Un test antigénique au galactomannane, réalisé après six semaines d'hospitalisation, s'est révélé positif pour Aspergillus. L'administration de Voriconazole a été associée à la résolution des opacités pulmonaires et du pneumothorax récurrent.

L'énigme diagnostique est discutée afin de sensibiliser davantage les médecins travaillant dans des contextes aux ressources limitées et d'améliorer la prise en charge de cas similaires.

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MOTS CLÉS : Pneumothorax récurrent, Aspergillose pulmonaire, Fongique, Pneumonie.

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Abbreviation - TB: Tuberculosis