Rapid recurrence of right ventricular aspergilloma

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Received 12 December 2012; received in revised form 5 February 2013; accepted 12 February 2013

Keywords: Chemotherapy • Infective endocarditis • Right ventricle • Aspergilloma

A 27-year old man receiving chemotherapy for acute myeloid leukaemia presented with high fever. A large right ventricular mass was detected on examination. Surgical evacuation was performed twice (Figs 1 and 2) with continuous administration of antifungal agents. However, the infection could not be eliminated, and he died of septic shock. A specimen culture yielded Aspergillus flavus.

Figure 1: (A) Cardiac computed tomography (CT) image showing a mass in the right ventricular outflow tract (arrow). (B) The spherical mass was characterized by a yellowish friable material. (C) Microscopically, the tangled mass of hyphae and dichotomous branching indicated Aspergillus infection.

Figure 2: (A) Cardiac CT image obtained 4 weeks after the first operation showing recurrent vegetation arising from the right ventricular outflow tract (arrow). (B) The second operation was performed 40 days after the first. Multiple yellowish, amorphous vegetations attached to the endocardium of the right ventricle and the pulmonary valve were observed.