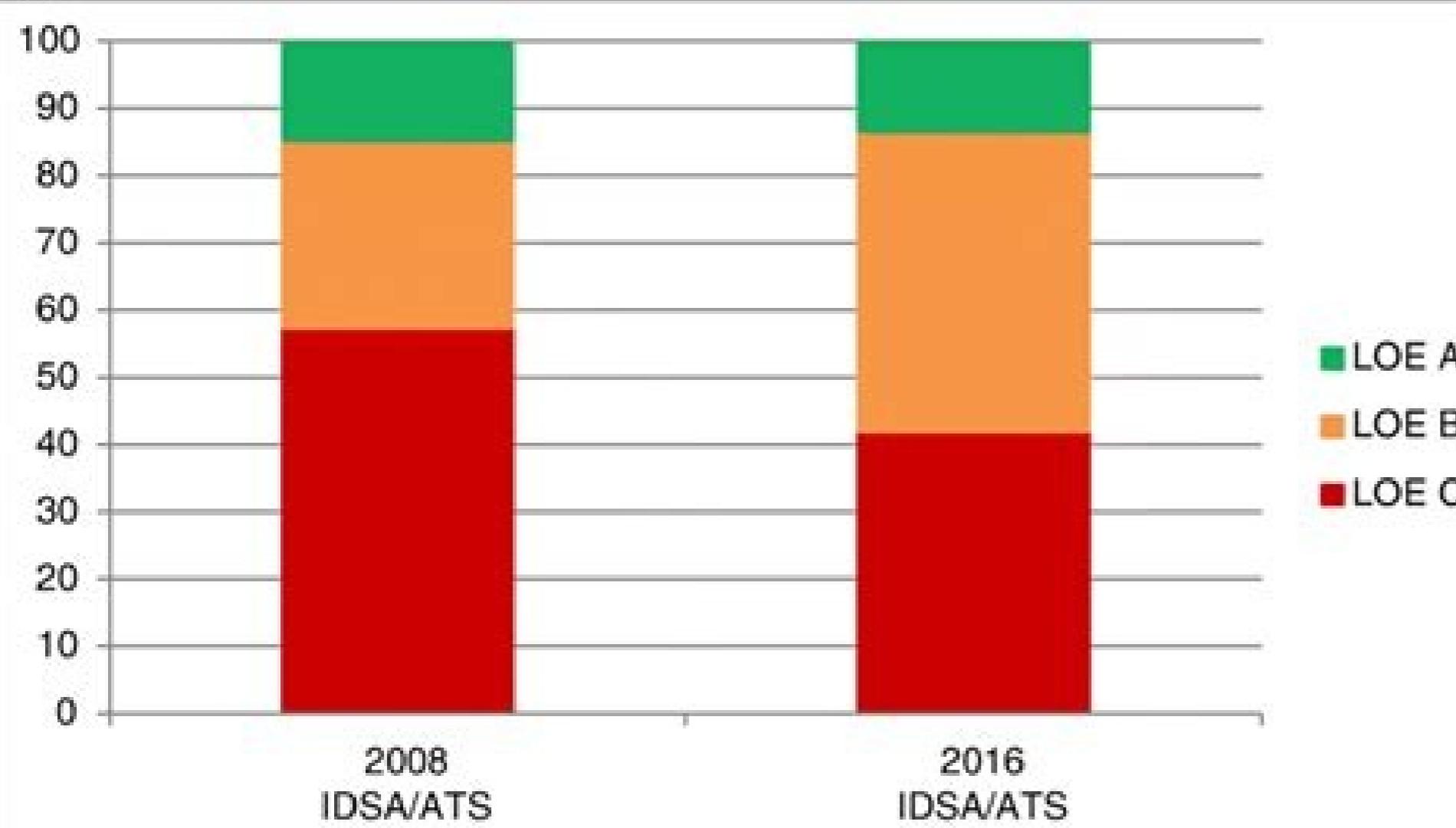
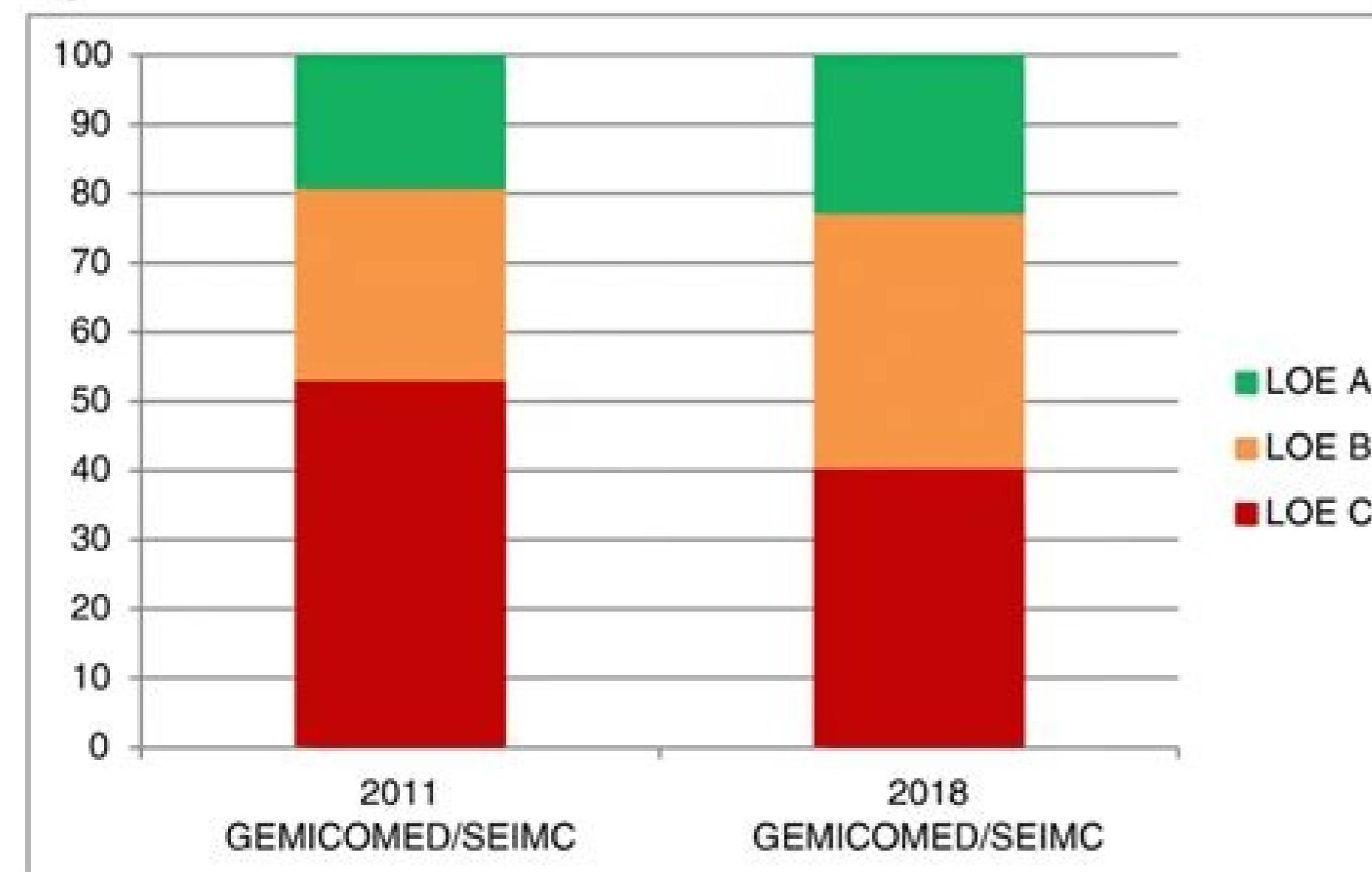


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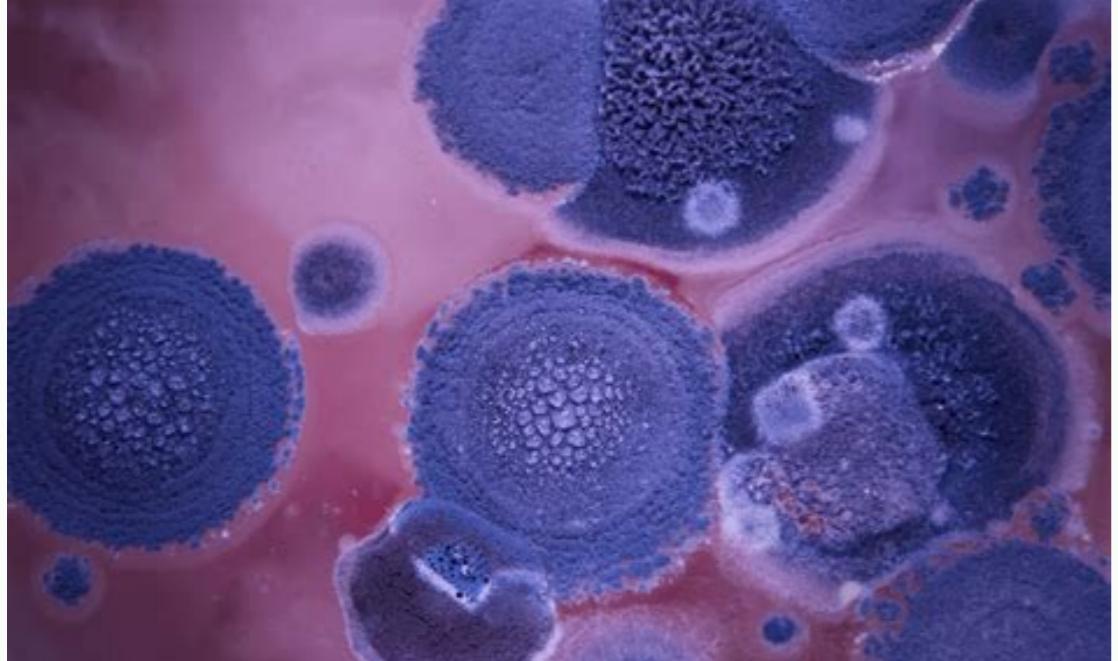
Aspergillosis of the CNS	Similar to invasive pulmonary aspergillosis	Similar to invasive pulmonary aspergillosis	This infection is associated with the highest mortality among all of the different patterns of invasive aspergillosis; drug interactions with anticonvulsant therapy
Aspergillus infections of the heart (endocarditis, pericarditis, and myocarditis)	Similar to invasive pulmonary aspergillosis	Similar to invasive pulmonary aspergillosis	Endocardial lesions caused by Aspergillus species require surgical resection; aspergillus-pericarditis usually requires pericardectomy
Aspergillus osteomyelitis and septic arthritis	Similar to invasive pulmonary aspergillosis	Similar to invasive pulmonary aspergillosis	Surgical resection of devitalized bone and cartilage is important for curative intent
Aspergillus infections of the eye (endophthalmitis and keratitis)	Intraocular AMB indicated with partial vitrectomy ¹	Similar to invasive pulmonary aspergillosis; limited data with echinocandins	Systemic therapy may be beneficial in management of aspergillus endophthalmitis; ophthalmologic intervention and management is recommended for all forms of ocular infection; topical therapy for keratitis is indicated
Cutaneous aspergillosis	Similar to invasive pulmonary aspergillosis	Similar to invasive pulmonary aspergillosis	Surgical resection is indicated where feasible
Aspergillus peritonitis	Similar to invasive pulmonary aspergillosis	Similar to invasive pulmonary aspergillosis	Preemptive therapy is a logical extension of empirical antifungal therapy in defining a high-risk population with evidence of invasive fungal infection (e.g., pulmonary infiltrate or positive galactomannan assay result)
Empirical and preemptive anti-fungal therapy	For empirical antifungal therapy, L-AMB (3 mg/kg/day IV), caspofungin (70 mg day 1 IV and 50 mg/day IV thereafter), itraconazole (200 mg every day IV or 200 mg BID), voriconazole (6 mg/kg IV every 12 h for 1 day, followed by 3 mg/kg IV every 12 h; oral dosage is 200 mg every 12 h)	Similar to invasive pulmonary aspergillosis	Preemptive therapy is a logical extension of empirical antifungal therapy in defining a high-risk population with evidence of invasive fungal infection (e.g., pulmonary infiltrate or positive galactomannan assay result)
Prophylaxis against invasive aspergillosis	Posaconazole (200 mg every 8 h)	Itraconazole (200 mg every 12 h IV for 2 days, then 200 mg every 24 h IV) or itraconazole (200 mg PO every 12 h); micafungin (50 mg/day)	Efficacy of posaconazole prophylaxis demonstrated in high-risk patients (patients with GVHD and neutropenic patients with AML and MDS)
Aspergiloma ²	No therapy or surgical resection	Itraconazole or voriconazole; similar to invasive pulmonary aspergillosis	The role of medical therapy in treatment of aspergiloma is uncertain;

Case Presentation

- 50 year old female was admitted for COPD exacerbation. She was treated with steroids, inhalers, and antibiotics.
- On hospital day 6 she develops fever of 102°F hypotension, diarrhea, and increased WBC count with profound bandemia (WBC= 48,000 with 30% bands).
- Septic workup was done...

ASPERGILLOMA

- Inadequate drainage is thought to facilitate the growth of Aspergillus on the walls of these cavities.
- The fungus ball may move within the cavity, but does not usually invade the surrounding lung parenchyma or blood vessels



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