

Images in clinical medicine

Air crescent sign: typical case of invasive pulmonary aspergillosis

 **Mrinmayee Vijay Mayekar, Neha Phate**

Corresponding author: Mrinmayee Vijay Mayekar, Department of Respiratory Medicine, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India. m.mayekar94@gmail.com

Received: 24 Jan 2023 - **Accepted:** 25 Feb 2023 - **Published:** 15 Mar 2023

Keywords: Invasive aspergillosis, air crescent, post tubercular

Copyright: Mrinmayee Vijay Mayekar et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Mrinmayee Vijay Mayekar et al. Air crescent sign: typical case of invasive pulmonary aspergillosis. Pan African Medical Journal. 2023;44(130). 10.11604/pamj.2023.44.130.39058

Available online at: <https://www.panafrican-med-journal.com//content/article/44/130/full>

Air crescent sign: typical case of invasive pulmonary aspergillosis

Mrinmayee Vijay Mayekar^{1,&}, Neha Phate¹

¹Department of Respiratory Medicine, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India

&Corresponding author

Mrinmayee Vijay Mayekar, Department of Respiratory Medicine, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India

Image in medicine

A 56-year-old male patient presented with complaints of dyspnoea on exercise for the last two months, recurrent hemoptysis for the past two months, and cough with expectoration for the past three months. In addition to this, over the past two months he has been losing weight and his hunger. He had a history of pulmonary Koch's three years ago, for which he was treated with antitubercular drugs for a period of time equalling six months. In light of the patient's persistent complaints, we decided to perform a chest X-ray on him, followed through a high-resolution computed tomography (HRCT) of his thorax. The

outcomes of these investigations hinted to the presence of post-tubercular sequelae in the form of invasive aspergillosis exhibiting an air crescent sign in the patient's left upper lobe. The patient is

a well-documented instance of uncontrolled type II diabetes mellitus, which lends credence to our diagnosis.

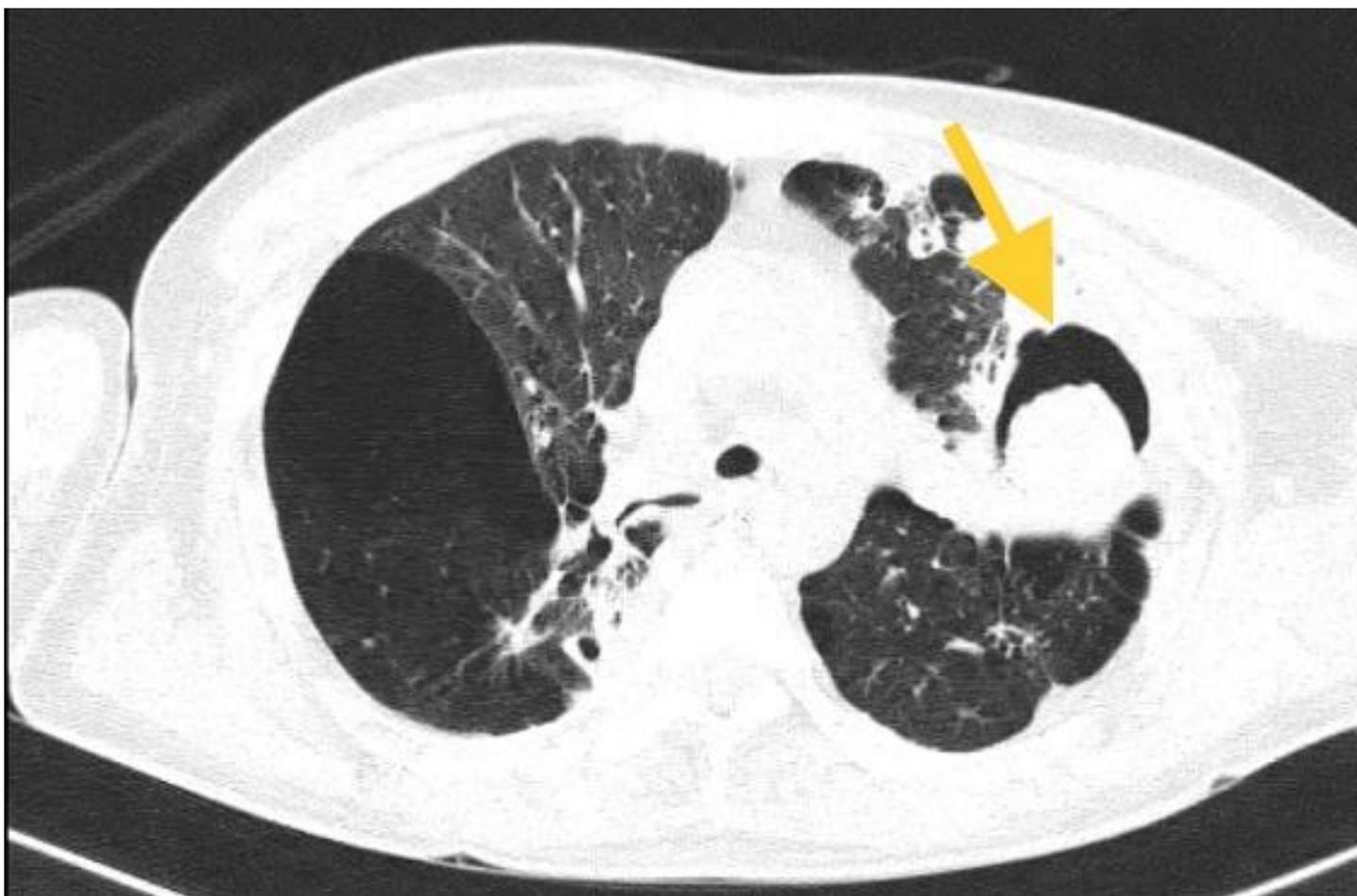


Figure 1: a large thick wall cavitary lesion with air filled surrounding the devitalized parenchyma in left upper lobe with bilateral emphysematous changes