

A CLINICAL CASE OF VATS TREATMENT OF A MILITARY SERVICEMAN WITH PULMONARY ASPERGILLOMA AND MULTIPLE COMORBIDITIES

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Abstract. Aim of the study: to analyze a clinical case of VATS treatment of a military serviceman with aspergilloma alongside multiple comorbid pathologies.

Materials and methods. Analysis of the data from the patient's medical history, the results of clinical, radiological, laboratory and functional diagnostics.

Results. A 51-year-old patient, who is a military serviceman, has been suffering from bronchial asthma for 10 years and varicose veins of the lower extremities for 8 years. This year, he received treatment for stage II respiratory sarcoidosis which consisted of methylprednisolone in combination with methotrexate. As a result, he developed type II diabetes. During the last 6 months, he was repeatedly treated in several other medical institutions with various diagnoses (chronic abscess, aspergilloma, tumor of the lower lobe of the right lung accompanied by mediastinal lymphadenopathy). Throughout the treatment period, patient has sustained hemoptysis. A serological analysis has shown: specific IgG antibodies to *Aspergillus* spp. – 8.3 NTOD (not a clinically significant level according to reference values <9 NTOD). The control computer tomography of the chest cavity has revealed the progression of the pathological process in the lungs. To verify the morphology of the growth, a surgical intervention was performed, namely: VATS fine-needle biopsy of the growth of the right lung and VATS atypical resection of S2–S6 of the right lung. Pathohistological diagnosis was established: mycetoma (aspergilloma) in bronchiectasis S2–S6 of the right lung; stage II sarcoidosis of the lungs and intrathoracic lymph nodes. The postoperative period was uneventful. According to the consultation of a pulmonologist: considering the histological verification of sarcoidosis and the absence of signs of progression, and the localization of the pathological process mainly in the mediastinal lymph nodes with minor lung damage (stage II) with no signs of severe pulmonary insufficiency, the prescription of immunosuppressive therapy is not justified. Voriconazole was prescribed for 3 months, and a combination of budesonide and formoterol was prescribed indefinitely.

Conclusions. Surgical treatment of aspergillosis of the lungs and pleura in a patient with a background of bronchial asthma as well as diseases that require the appointment of corticosteroids and cytostatic medications is a challenge. However, the systematization of one's own experience in combination with the achievements of other clinics may lead to a significant improvement in the management strategy of this category of patients. Preoperative preparation should include intensive antifungal therapy, correction of anemia, and nutritional support of the patient. Additionally, control of bronchial asthma should be achieved before surgery to minimize postoperative respiratory complications.

Key words: aspergilloma, sarcoidosis, bronchial asthma, diabetes, VATS lung resection.