

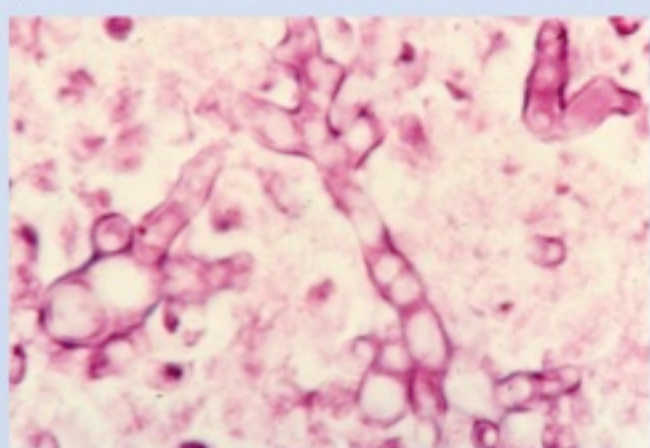
# AMPHOTERICIN B TOPICAL TREATMENT OF PLEURAL ASPERGILLOSIS: A CASE REPORT

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## Background

Pleural aspergillosis (PA) was first described in 1842 but remains a relatively rare entity when compared with other *Aspergillus* infections.



## Objectives

Describe the pharmacological management of a patient diagnosed with PA and the efficacy of intracavitary instillation of amphotericin B (ICAB) treatment.

## Case report

32-year-old woman with postoperative pneumonia complicated with empyema and bronchopleural fistula. The patient underwent thoracostomy. Pleural biopsy showed septate fungal hyphae, pleural fluid cultures grew *Aspergillus fumigatus* and serum galactomannan antigen was negative.

Systemic antifungal therapy was started (oral voriconazole plus posaconazole). Concurrently, amphotericin B deoxycholate, diluted in 50 ml 5% glucose solution, was infused directly into the pleural cavity, at 5 mg on the first day, rising to 10 mg and 25 mg on the second and third day, respectively, and then 50 mg, after washing of the pleural cavity with 5% glucose solution.

Daily dressing with an amphotericin B-impregnated gauze was introduced in the cavity. Local treatment was continued for about two weeks.

## Results

The treatment was well tolerated with no adverse drug reactions. The symptoms and the physical signs showed greater improvement during hospitalization and the patient left the hospital 3 days after the end of treatment.

Repeated pleural fluid cultures were negative 2 weeks after the end of treatment.

## Conclusions

- ICAB may improve the efficacy of systemic antifungal therapy and it should be considered as an additional treatment option.
- The use of this method avoids repeated needling of the cavity and may allow extended treatment on a domiciliary basis.