

Aspergilloma secondary to pulmonary tuberculosis and tuberculous temporomandibular joint arthritis

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A 57-year-old man presented to the authors' clinic with complaints of left mandibular swelling, cough, haemoptysis and dyspnoea. He had been diagnosed with pulmonary tuberculosis 3 years earlier. Computed tomography demonstrated bilateral pulmonary aspergilloma (Figures 1a and b). Maxillofacial magnetic resonance imaging revealed arthritis of the left temporomandibular joint (Figure 1c).

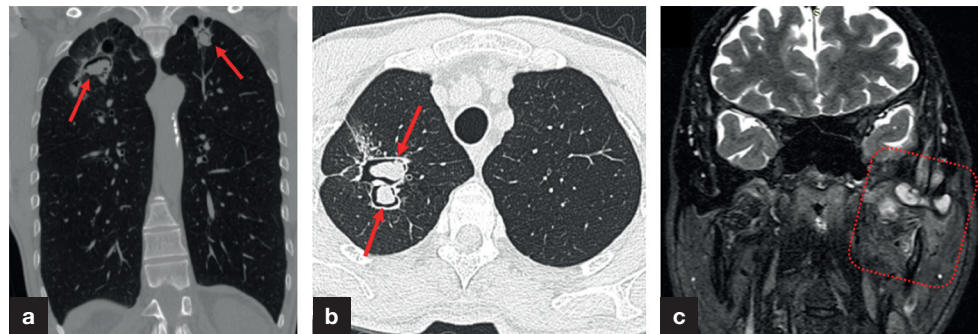


Figure 1. a. Coronal and (b) axial computed tomography scans in the parenchymal window show a few fungus balls associated with secondary aspergilloma within the tuberculosis cavities. c. Coronal T2 weighted magnetic resonance imaging revealed effusion in the left temporomandibular joint and increased signals in the periarticular areas. Magnetic resonance imaging findings are compatible with tuberculous arthritis.

Aspergilloma is a saprophytic fungal infection that colonises pre-existing pulmonary cavitory lesions (Giang et al, 2019) – the most common cause of this worldwide is tuberculosis. The fungus ball generally affects the unilateral and upper parts of the lung. Tuberculosis affects the joints in fewer than 2% of cases and causes arthritis (Towdur et al, 2018).

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