**CHRONIC PULMONARY ASPERGILLOSIS IN A PATIENT WITH PPI INDUCED NEUTROPENIA**

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**INTRODUCTION:** More than 3 million people are diagnosed with chronic pulmonary aspergillosis worldwide and it is common in patients with underlying lung diseases such as asthma, tuberculosis, or immunocompromised patients.1 The diagnosis of CPA requires a combination of characteristics: one or more cavities with/without a fungal ball or nodules on imaging, evidence of Aspergillus infection and respiratory symptoms, for at least 3 months.2

**CASE SUMMARY:** We have a case of a 54-year-old Burmese male who complained of mild non-productive cough for 3 weeks. He denied fever, shortness of breath, hemoptysis, or weight loss. Patient had no known TB history. He was a non-smoker who lived in the basement. Chest examination was unremarkable. CXR showed irregular opacities over lung apices and CT chest showed bilateral multifocal mass-like areas of consolidation up to 1.5cm within bilateral lower and right upper lobes. Patient had neutropenia possibly due to prolonged medication with omeprazole. His aspergillus IgG titers were high, 43.6mcg/ml, with negative antigen. Core biopsy on the right upper lung mass showed fungal forms associated with non-necrotizing granulomata in a background of organizing pneumonia. The patient was started on voriconazole 200mg BID for 6 months. Serial CXR showed shrinkage of masses with resolution of his cough. Patient’s cavitary lesion was completely healed with scars after completion of voriconazole.

**DISCUSSION:** Chronic pulmonary aspergillosis in our patient is possibly due to prolonged neutropenia, which is one of the side effects of PPI. Aspergillosis in otherwise immunocompetent patients is a rare occurrence. As transmission mode is through inhalation of conidia, living in a damp basement for years contributed as the main risk factor in this case. Therefore, inspection of mold of the living and working environment is strongly recommended in such cases.

**REFERENCE**

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