

Aspergillus colonization developing on silk suture following thoracic surgery

Torasik cerrahi sonrası ipek sûtür üzerinde gelişen aspergillus kolonizasyonu

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A 27-year-old male patient with a history of tuberculosis destroyed lung underwent left pneumonectomy. Although the postoperative course was uneventful, one month later the patient suffered from severe cough and purulent pleural fluid expectoration. Fiber optic bronchoscopic examination revealed bronchopleural fistula. Several pleural fluid samples obtained at different intervals of the treatment period grew either *Streptococcus pneumoniae* or *Aspergillus fumigatus*. Following several courses of antimicrobial treatment, we performed an omental pedicle flap procedure for the bronchial fistula which failed due to recurrence of infection. We thereafter undertook an open-window thoracostomy to ease wound management,

which lasted for almost five months. Following several consecutive negative cultures, we stapled the left main bronchus through median sternotomy. At one-month follow-up, however, we observed fungal colonization over the silk suture surrounding the inferior pulmonary vein (Figure 1a, b). Swab cultures revealed *Aspergillus fumigatus*. The granulation tissue surrounding sutures following pulmonary resection may be infected by *Aspergillus* which is, particularly, more common when silk thread is used.^[1] Removal of all visible suture material is essential to eliminate infection and avoid recurrence.^[2] Accordingly, we removed the silk thread and continued wound management until swab cultures grew negative and eventually performed thoracoplasty for the open-window thoracostomy. The patient fully recovered and showed no recurrence at six-month follow-up.

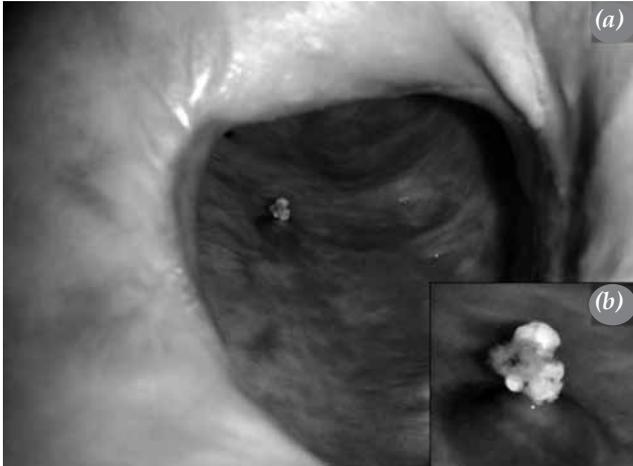


Figure 1. (a) The view from the left open-window thoracostomy showing fungal colonization over the silk suture surrounding the inferior pulmonary vein. (b) Magnified vision of the fungal colonization.

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REFERENCES

1. Sawasaki H, Horie K, Yamada M, Tajima G, Katsura S, Naito Y, et al. Bronchial stump aspergillosis. Experimental and clinical study. J Thorac Cardiovasc Surg 1969;58:198-208.
2. Tokuishi K, Yamashita S, Hashimoto T, Moroga T, Miyawaki M, Chujo M, et al. Bronchial stump aspergillosis after stapled lobectomy for lung cancer. Ann Thorac Surg 2012;94:1324-6.



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