

A LUNG CAVITY IN A PATIENT WITH INFLAMMATORY BOWEL DISEASE TREATED WITH INFLIXIMAB

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Poster

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A case report describes pulmonary aspergilloma developing in a 65-year-old woman with ulcerative colitis treated with infliximab and corticosteroids, managed with antifungal therapy and biologic switching to ustekinumab.

KEY POINTS

- A 65-year-old woman with acute severe ulcerative colitis received intravenous infliximab after methylprednisolone failed, followed by SARS-COV-2 pneumonia with bacterial superinfection two months later.
- Four months after restarting infliximab, the patient developed a partially cavitated lung lesion diagnosed as aspergilloma by transthoracic biopsy showing fungal structures consistent with *Aspergillus*.
- Infliximab was suspended and clinical surveillance was chosen as the patient was unfit for surgery.
- During a subsequent acute severe colitis flare, the patient was treated with intravenous methylprednisolone plus voriconazol with complete clinical response and lesion size reduction, then switched to ustekinumab for maintenance.
- Voriconazol was replaced with isavuconazol after three weeks due to severe pancytopenia and hepatotoxicity, and the authors note that opportunistic infections in immunocompromised IBD patients require high clinical suspicion and pose difficult therapeutic decisions.

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