

## Abstract 522

Intracavitary Amphotericin B for Pulmonary Aspergilloma Complicated by Serious Hemoptysis in Fibrocystic Sarcoidosis

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**Abstract Body**

**RATIONALE:** Serious hemoptysis complicating pulmonary aspergilloma (PA) is the second most common cause of death in fibrocystic (FC) pulmonary sarcoidosis. These patients are almost always non-surgical candidates; and temporizing bronchial artery embolization (BAE) does not prevent recurrence. Intracavitary amphotericin B (ICAB) has been used in PA complicated by hemoptysis in patients with cavitary lung disease.

**METHODS:** We conducted a retrospective chart review of 9 patients with FC pulmonary sarcoidosis and PA complicated by serious hemoptysis requiring hospitalization. Patients were treated with 50 mg of amphotericin B in 5% dextrose solution instilled daily for 10 days via a CT-guided, percutaneously placed, intracavitary catheter.

**RESULTS:** The majority of patients had moderate restriction (mean forced vital capacity 57% predicted) and all were on prednisone (median dose 10 mg daily, range 5-20 mg). The average size of the aspergilloma was 5.1 cm in largest dimension (range 1.2-8.6 cm). 6/9 patients had multiple aspergillomas. 3/9 received BAE. 2/9 sustained a small pneumothorax following catheter placement which resolved either spontaneously or after air aspiration through the catheter. Coughing was the most frequent adverse event with drug instillation. All patients had either complete or near complete cessation of hemoptysis following ICAB. 5/9 had no recurrence of serious hemoptysis with an average follow-up time of 22 months (range 1-55 months). All of these were adherent to outpatient oral antifungal therapy. 4/9 had recurrence of serious hemoptysis requiring hospitalization with an average time until recurrence of 16 months (range 2-28 months). Of these, one was non-adherent to outpatient oral antifungal therapy and two others had a bleeding diathesis. All but one patient (bleeding diathesis) survived over a mean follow-up time of 28 months (range 2-70 months).

**CONCLUSIONS:** We report the largest case series of ICAB for the treatment of PA complicated by severe hemoptysis in FC pulmonary sarcoidosis. We found ICAB to be safe and effective in the management of this condition. Patients without a bleeding diathesis and maintained on oral antifungal therapy following discharge appeared less likely to have recurrence of serious hemoptysis.

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