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Aspergillus fumigatus spinal abscess in an immunocompetent child

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Sir,

*Aspergillus* species are ubiquitous fungi in the environment and are the most common cause of invasive mould infections in immunocompromised patients.\(^1\) Invasive Aspergillosis (IA) is a life-threatening infection that predominantly affects individuals with a compromised immune system. Other risk factors, such as but not limited to prolonged corticosteroid use, human immunodeficiency virus infection, cancers and chronic granulomatous disease have also been identified.\(^1\) However, IA is rarely encountered in individuals with a healthy and fully functional immune system.\(^2\)

A 10-year boy presented with a 3-month history of progressively worsening lower backache associated with high grade fever. There were no neurological symptoms associated with his complaints. There was no history of trauma which the parents could recall. A detailed history was negative for any concerns about the child's growth or recurrent infections that would suggest immunodeficiency. White blood cell counts in the past were normal, and were raised in accordance with the infection at this time. Past medical history revealed that he had undergone ultrasound of the spine which showed a collection of pus in the vertebral spaces from L3-L5. He was initially treated with antibiotics, with anti-staphylococcal coverage, and then later with Anti-tuberculous Therapy (ATT) with suspicion of tuberculous of the spine, however, he showed no improvement. Thus, CT-guided drainage was performed and the thick pus obtained was sent for Gram stain, Acid-Fast Bacilli (AFB) smear and culture.

Gram stain, under low magnification (x100), showed a sheet of pus cells with branching aggregations of crystal violet stain (Figure 1A). However, at higher magnification (x1000), there was clustering of neutrophils around well septate hyphae (Figure 1B) and ghost hyphae (Figure 1C and 1D) which were not seen at low magnification. The 10%-KOH smear confirmed presence of hyphae and culture grew *Aspergillus fumigatus*. The patient was started on intravenous (I.V.) amphotericin B for one week, after which he was switched to oral itraconazole with close out-patient follow-up. At the end of 3 months the child was doing well, with no complaints of fever or back pain, however, he was lost to follow-up thereafter.

**REFERENCES**


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