NOTES

Isolation of Allescheria boydii from Pleural Fluid

PHILIP H. BOUSLEY

Good Samaritan Hospital, Vincennes, Indiana 47591

Received for publication 30 August 1976

Allescheria boydii was repeatedly isolated from thoracentesis fluid from a patient with a right pleural effusion. Histological study of methanamine-stained pleural tissue revealed the presence of septate hyphae. After a thoracotomy and decortication, the patient's symptoms cleared, and he has remained asymptomatic over a postoperative period of 13 months.

Allescheria boydii (Petriellidium boydii [2]) is the perfect stage of Monosporium apiospermum, a common soil saprophyte that most frequently causes mycetomas. Reported cases of pulmonary disease caused by A. boydii have been infrequent. Belitsos et al. (1) were able to find only 11 published cases.

A case report. A 39-year-old white male was first admitted to Good Samaritan Hospital in March 1975, complaining of recent weight loss, extreme lethargy, low-grade fever in the evenings, and shortness of breath. The history revealed that he had had frequent respiratory infections since childhood. He had an unproductive early morning cough, which was attributed to heavy cigarette smoking. His chest X-ray revealed a right pleural effusion. Several sputum cultures were negative for Mycobacterium tuberculosis, other pathogenic bacteria, and fungi. Fluid aspirated from the right pleural effusion was cultured for fungi, acid-fast bacteria, and other bacteria. A. boydii was isolated. Culture identification was confirmed by the Indiana State Board of Health. Fluid continued to accumulate in the right pleural space, and a second thoracentesis was performed. A. boydii was again isolated from the pleural fluid. After this thoracentesis, the patient improved and was released from the hospital without specific antifungal therapy.

The patient relapsed and was readmitted to the hospital with the same symptoms in May 1975. He underwent a thoracotomy and a decortication procedure was performed. A copious amount of pleural fluid that contained masses of yellow fibrinous material was removed and submitted to the laboratory for analysis. Again, A. boydii was cultured from this fluid. Although the pleura was not submitted for culture, a few septate hyphae were seen in tissue sections when stained with silver nitrate-methanamine (Fig. 1). Apparently the source of the fungi found in the pleural fluid was the infected pleural membrane. The patient's symptoms subsided after the operation. No treatment other than the aforementioned surgery was given, and after 13 months the patient was asymptomatic.

The case reported here is unique because A. boydii was never isolated from sputum and apparently was not present in the lungs. Hyphae were seen in the pleural tissue, and A. boydii was repeatedly isolated from the pleural fluid of the patient.

LITERATURE CITED
