**ABPA WITHOUT ASTHMA : CASE REPORT SERIES**

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**Introduction :** ABPA is an immunologically mediated lung disease that usually occurs in atopic individuals and is caused by hypersensitivity to the antigen of *Aspergillus fungus*. The prevalence in asthma clinics is reported to be around 13 %. Although it can occur in patient without having asthma. We are reporting cases of ABPA having no history of asthma.

**Case 1 :** A 19 year old female patient presented to us with complaints of fever, cough with exportation and hemoptysis, on antitubercular therapy since 5 months on basis of chest x-ray with no significant improvement of symptoms . Chest radiograph showed a cavitory lesion on right side, sputum for AFB was negative, patient was further investigated and diagnosis of ABPA was confirmed. Patient was started on deflazacort 30 mg daily alongwith oral anti fungal. On subsequent follow up showed reduction in cavitory lesion with resolving symptoms.

**Case 2 :** A 49 year old male patient presented to us with complaints of cough ,breathlessness, chest pain low grade fever and chest radiograph showing Right upper zone involvement mimicking of pulmonary tuberculosis. Sputum for AFB was repeatedly negative. Chest CT done which showed bronchiectatic changes. On index of suspicion, AST performed which was strongly positive, along with raised Total IgE and Specific IgE and IgG for A.fumigatus, thus diagnosis of ABPA was established. Patient responded well to corticosteroid therapy.

**Case 3 :** A 30 year old male presented with cough, chest pain having lower zone involvement on chest skiagram was also diagnosed as ABPA and showed improvement with corticosteroids and antifungal therapy .

**Discussion :**  ABPA was first described in 1952 by Hinson et al. The pathogenesis of ABPA is complex with immune and genetic factors on the part of the host being implicated. ABPA most commonly affects patients with allergic diseases, including steroid-dependent asthma or cystic fibrosis. As ABPA is very rarely diagnosed in patients without a history of asthma, no data on the incidence of the disease in the general population are available. Although the possibility of ABPA should be kept in mind even if there is no history of asthma or allergic disease.