

Pleuropulmonary Aspergillosis Presenting as Hydropneumothorax in Second Trimester Pregnancy

Sir,

I read with great interest the case report by Chinnasamy *et al.*^[1] published in January–June 2019 issue of the *Indian Journal of Respiratory Care*. The authors reported a case of pleuropulmonary aspergillosis (PPA) presenting as hydropneumothorax in a 29-year-old Indian pregnant woman with 16 weeks of gestation. In the light of the absent prior pulmonary pathology, a major risk factor for PPA, I assume that defective immune status ought to be considered in the studied patient. Among conditions associated with defective immunity, infection with human immunodeficiency virus (HIV) has the leading priority. It is explicit that due to low immunity, individuals infected with HIV are at increased risk to various bacterial, viral, fungal, and protozoal infections. Among fungal infections, pulmonary aspergillosis has been reported in HIV-positive individuals.^[2-4] In India, HIV infection is a hazardous health threat and its prevalence among pregnant women is a matter of major concern, particularly to prevent vertical HIV transmission to the children. The overall HIV seroprevalence rate was found to be substantial (1.4%) among pregnant women in India who were tested for HIV in antenatal clinics.^[5] Regrettably, the HIV status of the studied pregnant woman was not defined. I assume that HIV testing using the diagnostic panel of CD4 lymphocyte count and viral overload estimations was envisaged. If that panel was to disclose HIV seropositivity, the case in question could be obviously regarded a novel case report of HIV-associated PPA in a pregnant woman in the literature.

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Conflicts of interest

There are no conflicts of interest.

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