

## Clinical Image

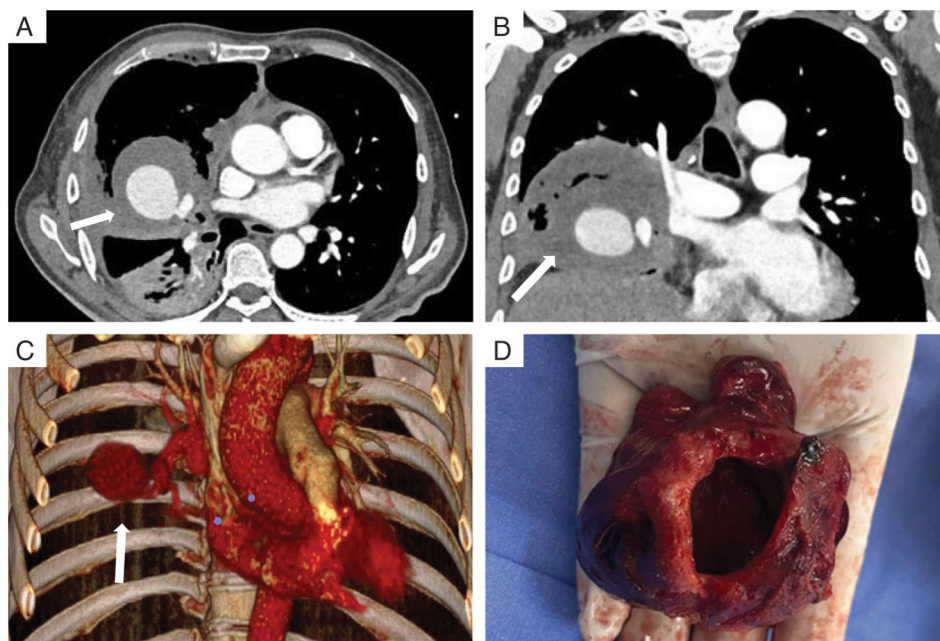
### Rasmussen's Aneurysm: Beyond Pulmonary Tuberculosis

### Aneurisma de Rasmussen: más allá de la tuberculosis pulmonar

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**Fig. 1.** (A and B) Axial and coronal image of computed tomography pulmonary angiogram (CTPA) in (mediastinal window) shows a 3 cm × 3 cm contrast-enhanced saccular lesion in the lateral segment of the middle lobe (arrow). (C) Coronal section vascular reconstruction image shows a middle lobe pulmonary artery-dependent saccular lesion (arrow). (D) Surgical specimen showing a cavitated structure of approximately 4 cm × 4 cm, with irregular borders of predominantly hemorrhagic appearance.

A 59-year-old man with uncontrolled type 2 diabetes. He came to the emergency room with hemoptysis and clinical data of respiratory failure. Computed tomography pulmonary angiogram (CTPA) showed the presence of a saccular aneurysm of the middle lobe pulmonary artery (Fig. 1). Medial lobectomy and non-anatomic segmentectomy were performed, identifying a 3 cm × 3 cm intracavitary aneurysm. The histopathological report confirmed the diagnosis of pulmonary mucormycosis. Treatment

with liposomal amphotericin B was started, presenting adequate clinical evolution. Rasmussen's aneurysm, classically associated with pulmonary tuberculosis, currently includes any aneurysm linked to destructive diseases of the pulmonary parenchyma.<sup>1</sup> Mucormycosis, an invasive fungal infection, has the ability to compromise the vascular wall favoring the formation of aneurysms and pseudoaneurysms in the pulmonary vascular system.<sup>2</sup>

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### **Authors' contributions**

All authors have participated equally in the preparation, writing and revision of the manuscript.

### **Conflicts of interest**

The authors declare to have no conflict of interest directly or indirectly related to the manuscript contents.

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