


**CLINICAL VIGNETTE**

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Thoracic mycotic pseudoaneurysm from *Candida albicans* infection

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A 33-year-old man was admitted to the emergency department with fever, chills since 3 weeks and an elevated C-reactive protein. Two years ago, he had undergone an aortic valve reconstruction and mitral valve replacement owing to endocarditis. Three months prior to admission, he suffered from sternal osteomyelitis caused by infected cerclages with a smear positive for *Candida albicans*. Both artificial valves did not present signs of endocarditis. Blood cultures were tested negative. Serology was tested positive for *C. albicans*. CT scans demonstrated a localized mycotic pseudoaneurysm of the ascending aorta and retrosternal hemorrhage (Panel A). Histology of the felt-like aortic tissue demonstrated amorphous material with an inflammatory edge in the H&E staining (Panel B). The Grokott staining, specific for fungal structures, was strongly positive and demonstrated multiple black layers of *Candida* sp. (Panels C and D). The defect was closed with a patch and the patient recovered completely after long-term antimycotic treatment.

Panel A: The Multidetector-Row CT scan (64-slice CT) of the chest demonstrates a localized pseudoaneurysm of the ascending aorta with retrosternal hemorrhage.

Panel B: Micrograph of the surgical specimen from the aortic wall showing amorphous material with an inflammatory edge (Hematoxylin & eosin stain, original magnification ×200).

Panel C: Micrograph demonstrates multiple black layers of fungus (Grokott stain, original magnification ×100).

Panel D: Higher magnification detected round fungus spores with longish hyphae indicating *Candida* sp. (Grokott stain, original magnification ×400).

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