Correspondence

Teratoma: another cause of the air crescent sign

We read with great interest the well-written article by Tseng and Chen, who described the case of a 65-year-old woman who presented with hemoptysis and a cavitory lesion in the right lung with an air crescent sign and an intracavitary fungus ball-like mass. The final diagnosis was lung carcinoma. The authors highlighted the importance of cavity wall thickness for the differential diagnosis, reporting that cavity lung cancer rarely presents with a thin-walled cavity.

We would like to report the case of a 22-year-old woman who also presented with hemoptysis and a thick-walled cavitory lesion on chest X-ray. She had received therapy for pulmonary tuberculosis for 1 year from other institution, in the absence of laboratory evidence of *Mycobacterium tuberculosis*. Chest-computed tomography revealed a thick-walled cavity in the left upper lobe with an air crescent sign and an intracavitary mass (Figure 1). The final diagnosis was a mature teratoma.

The air crescent sign is a collection of air in a crescentic shape that separates the wall of a cavity from an inner mass. This sign is often considered to be characteristic of *Aspergillus* colonization of pre-existing cavities or the retraction of infarcted lung in angioinvasive aspergillosis. Because *Aspergillus* spp. are the most commonly implicated fungi, these fungal masses are also called aspergillomas.

Although *Aspergillus* is the most frequent cause of the air crescent sign, this finding has been reported in association with a variety of other conditions, including tuberculosis (blood clot or Rasmussen aneurysm), hydatic cysts, lung cancer, bacterial lung abscess, other fungal or fungal-like conditions (coccidioidomycosis, actinomycosis, nocardiosis, candidiasis), and intracavitary hematoma.

In conclusion, teratoma should be considered in the differential diagnosis of the air crescent sign.

E. Marchiori  
G. Zanetti  
M.M. Barreto  
Department of Radiology, Faculty of Medicine, Rio de Janeiro Federal University, Rio de Janeiro, Brazil.  
email: edmarchiori@gmail.com

References


doi:10.1093/qjmed/hcv034  
Advance Access Publication 6 February 2015

Reply: Teratoma: another cause of the air-crescent sign

Dear editor

Dr Edson reported another interested case with air-crescent sign due to mature teratoma. This case is also a thick-wall cavity lesion but not...