Coccidioidomycosis is an important opportunistic pathogen among individuals with impaired cellular immunity such as HIV. Among the various clinical entities, pulmonary disease is the most common presentation.

A 48-year-old HIV-infected Caucasian male presented to an outside hospital with a history of fever, shortness of breath, purulent cough, and weight loss. Computed tomography (CT) of the chest revealed a 5-cm right upper lobe cavitary lesion. Bronchoscopy results yielded cultures initially positive for normal respiratory flora. Cytology was negative for malignancy but revealed evidence of fungal elements. The patient was treated with a course of antibiotics for presumed bacterial lung abscess. Two months later, the patient presented again to an outside facility with similar complaints which had worsened in intensity. He was placed on antifungal therapy after prior data had revealed scant fungal growth. The patient subsequently established care at the VA Hospital. Serial CT scans over the following two years showed slight enlargement of the cavitary lesion. Due to persistent clinical symptoms including intermittent hemoptysis, fatigue, and dyspnea on exertion despite the use of chronic antifungal therapy, the patient underwent surgical resection of the cavitary process. Intraoperative culture data confirmed the presence of Coccidioides immitis. Post surgery, chronic antifungal therapy was continued.

Pulmonary cavitary lesions caused by Coccidioidomycosis may require surgical intervention with progressive enlargement or if there are symptoms refractory to antifungal therapy. However, the optimal timing of resection for such lesions is not well defined. Similarly, treatment duration post surgical resection is lacking and requires further study.

**References**


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