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Invasive pulmonary aspergillosis in the ICU: an emerging disease?

Accepted: 4 December 2012
Published online: 22 January 2013
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An author's reply to this comment is available at:
doi:[10.1007/s00134-012-2810-y](https://doi.org/10.1007/s00134-012-2810-y).

Dear Editor,

By identifying H1N1 infection as a new risk factor for the development of invasive pulmonary aspergillosis (IPA), Wauters et al. [1] contribute important new insights into this emerging problem.

Although we totally agree with their conclusion, we question the high incidence of IPA in their study

(23 %) and the rapid onset of IPA after H1N1 infection. Regarding this point we have two concerns. First, in the proven IPA group, the diagnosis of IPA was made before or on the day of ICU admission in three of the five patients. All of them were solid organ transplant recipients and therefore had classic risk factors for IPA. According to Table 2 and the “Methods” section, the diagnosis of proven IPA was established around or even before the diagnosis of H1N1 infection. Therefore IPA can hardly be assumed to be a complication of H1N1 infection in these patients. Second, despite the finding of positive galactomannan antigen from BAL and/or serum, we suppose that some of the cases of probable IPA were simply colonization. As the authors discussed, in larger prospective studies the incidence of fungal superinfections was considerably lower at 1.6 and 1.8 % [2, 3]. To understand this wide difference it would be useful to know if there were any lower respiratory tract samples positive for *Aspergillus* spp. in the remaining 31 patients classified as “No IPA”.

References

1. Wauters J, Baar I, Meersseman P, Meersseman W, Dams K, De Paep R, Lagrou K, Wilmer A, Jorens P, Hermans G (2012) Invasive pulmonary aspergillosis is a frequent complication of critically ill H1N1 patients: a retrospective study. *Intensive Care Med* 38:1761–1768. doi: [10.1007/s00134-012-2673-2](https://doi.org/10.1007/s00134-012-2673-2)
2. Kim SH, Hong SB, Yun SC, Choi WI, Ahn JJ, Lee YJ, Lee HB, Lim CM, Koh Y, Korean Society of Critical Care Medicine H1N1 Collaborative (2011) Corticosteroid treatment in critically ill patients with pandemic influenza A/H1N1 2009 infection: analytic strategy using propensity scores. *Am J Respir Crit Care Med* 183:1207–1214
3. Martin-Loeches I, Lisboa T, Rhodes A, Moreno RP, Silva E, Sprung C, Chiche JD, Barahona D, Villabon M, Balasini C, Pearse RM, Matos R, Rello J, ESICM H1N1 Registry Contributors (2011) Use of early corticosteroid therapy on ICU admission in patients affected by severe pandemic (H1N1) influenza A infection. *Intensive Care Med* 37:272–283

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