



Hypodense Sign in Lungs on CT in Immunocompromised Patient

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We read with interest the article entitled “Imaging Approach to Pulmonary Infections in the Immunocompromised Patient” by Grover et al.¹ We would like to add a “hypodense sign” (HyS) to the list of radiological findings described by the authors. The HyS was described by Horger et al as² the presence of a central area of hypodensity seen on narrow window settings (width: 110–140 Hounsfield Units [HU]; level: 15–40 HU). This sign can be seen in consolidation or nodule and can be appreciated on unenhanced scans, computed tomography pulmonary angiography (CTPA), and contrast-enhanced scans. This sign has been reported to be associated with invasive pulmonary aspergillosis, mucormycosis, and fusariosis.^{3,4} The hypodense nodule sign has been described in the context of immunocompromised patients. The underlying pathogenesis is infarction secondary to angioinvasion by fungal elements.^{3,4} This sign may be a precursor for forming a cavity.^{2,5} Some studies have described the importance of hypodense sign in diagnosing invasive mold disease (►Table 1). Hence, it is a helpful sign in arriving at the diagnosis of invasive mold disease with a sensitivity of 23% on high-resolution CT (HRCT) and 64% on

CTPA, and a specificity of 100% on HRCT and 98% on CTPA.³ This sign can help to differentiate between bacterial and fungal diseases in immunocompromised individuals.^{2,3} This sign has also been described in some bacterial infections, particularly in tuberculosis, i.e., a cavity filled with central mucous within or in case of a pulmonary abscess; however, leukocytes play a vital role in abscess formation, and immunocompromised individuals usually have neutropenia.^{3,6} Hence, we would like to add the hypodense sign as a useful diagnostic sign in CTs of immunocompromised individuals.

Funding

None.

Conflict of Interest

None declared.

References

- 1 Grover SB, Grover H, Antil N, Patra S, Sen MK, Nair D. Imaging approach to pulmonary infections in the immunocompromised patient. *Indian J Radiol Imaging* 2022;32(01):81–112

Table 1 Studies describing hypodense sign in immunocompromised patients

Study	Sample size	Type of scan	Patient population
Horger et al ²	43	Unenhanced scan	Neutropenic patients
Sassi et al ³	127	HRCT and contrast-enhanced CT	Hematological Malignancies
Qin et al ⁵	25	CT chest with intravenous contrast and without intravenous contrast	Liver transplant patients
Stanzani et al ⁶	44	Unenhanced scan and CTPA	Hematological malignancies
Schulze et al ⁷	17	Noncontrast CT and volume perfusion CT	Hematological malignancies

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- 2 Horger M, Einsele H, Schumacher U, et al. Invasive pulmonary aspergillosis: frequency and meaning of the "hypodense sign" on unenhanced CT. *Br J Radiol* 2005;78(932):697–703
- 3 Sassi C, Stanzani M, Lewis RE, et al. The utility of contrast-enhanced hypodense sign for the diagnosis of pulmonary invasive mould disease in patients with haematological malignancies. *Br J Radiol* 2018;91(1083):20170220
- 4 Alexander BD, Lamothe F, Heussel CP, et al. Guidance on imaging for invasive pulmonary aspergillosis and mucormycosis: from the imaging working group for the revision and update of the Consensus Definitions of Fungal Disease from the EORTC/MSGERC. *Clin Infect Dis* 2021;72(Suppl 2):S79–S88
- 5 Qin J, Meng X, Fang Y, et al. Computed tomography and clinical features of invasive pulmonary aspergillosis in liver transplant recipients. *J Thorac Imaging* 2012;27(02):107–112
- 6 Stanzani M, Sassi C, Lewis RE, et al. High resolution computed tomography angiography improves the radiographic diagnosis of invasive mold disease in patients with hematological malignancies. *Clin Infect Dis* 2015;60(11):1603–1610
- 7 Schulze M, Vogel W, Spira D, Sauter A, Hetzel J, Horger M. Reduced perfusion in pulmonary infiltrates of high-risk hematologic patients is a possible discriminator of pulmonary angioinvasive mycosis: a pilot volume perfusion computed tomography (VPCT) study. *Acad Radiol* 2012;19(07):842–850

