pulmonary eosinophilia (1.94x10^9/L). Therefore, we wonder if this patient developed seropositive ABPA following sensitisation and repeated exposure to *Aspergillus* species. What is interesting in the presented case is the absence of pre-existing respiratory disease, as ABPA does not usually present as an acute primary condition. ABPA is more often found in patients with asthma and cystic fibrosis, and certainly the presence of asthma is considered essential for the diagnosis of classical ABPA; however it is not infrequent that it is reported in individuals without a past history of asthma.[3–5]

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Response

Editor – We would like to thank the correspondents for their interest in our case report. We are in complete agreement that this case illustrates the difficulty in diagnosing the various respiratory conditions that can be caused by *Aspergillus* and the considerable overlap between them. We also agree that the distinction between non-invasive and invasive forms of *Aspergillus* tracheobronchitis is important and in our case, the disease was non-invasive.

We read with interest their comments that allergic bronchopulmonary aspergillosis (ABPA) has been reported in individuals without a history of asthma,[1] and whether this patient had developed ABPA rather than *Aspergillus* tracheobronchitis as we proposed. ABPA was one of the differential diagnoses considered while the patient was under our care; however several factors influenced our final diagnosis, based on the diagnostic criteria of Rosenberg and Patterson.[2,3]

Radiologically, no fleeting opacities or bronchiectasis were present on chest radiograph or computed tomography of the chest. In this case, the radiological manifestation of disease was limited to right middle lobe collapse, which subsequently resolved. While he did develop features of allergic sensitisation to *Aspergillus* – demonstrated by raised total serum IgE, *Aspergillus* specific IgE and serum eosinophilia – we felt this was a consequence of his exposure to a significant burden of *Aspergillus* spores, as demonstrated by the fungal hyphae from his mucous plug. Finally, his response to treatment was more rapid than is usually seen in ABPA.

We would like to thank the correspondents for highlighting that ABPA can rarely be seen in patients without a diagnosis of asthma or cystic fibrosis, further illustrating the complexity of *Aspergillus*-related pulmonary disease.

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