Medical Image of the Week: Right Neck Mass with Thoracic Extension

Figure 1. Coronal MRI image showing cavitary lesion (1.9 cm, yellow arrow) in the right lower lobe and multiple enlarged mediastinal and hilar lymph nodes with the largest lymph node measuring 2 x 2.5 cm.

Figure 2. Coronal MRI image of neck showing ill-defined infiltrative mass (2.8 x 4.1 x 6.4 cm, yellow star) in the right lateral neck posterior to the sternocleidomastoid muscle and jugular vein.
Figure 3. Right upper lobe endobronchial lesion (yellow arrow). Biopsy showed *Coccidioides* spherules.

Figure 4. Hematoxylin and eosin (upper panel) and Gomori's methenamine silver stain stains of 4R lymph node showing *Coccidioides* spherule.
A 28-year-old female with a history of chronic pancreatitis s/p total pancreatectomy and auto-islet cell transplantation developed a progressively enlarging right neck mass of 4 weeks duration. *Coccidioides* IgM antibodies were negative and IgG antibodies were positive by immunoassay (EIA), with titers 1:4 by complement fixation (CF). Fine needle aspiration with subsequent excisional biopsy of the right neck mass was performed and showed reactive lymphoid hyperplasia without fungal elements. Bronchoscopy with right upper lobe endobronchial biopsy and 4R lymph node endobronchial ultrasound-fine needle aspiration revealed granulomatous inflammation and *Coccidioides* spherules on Gomori’s methenamine silver stain. Fungal cultures from the right neck mass fine needle aspiration, endobronchial biopsy, and 4R lymph node grew *Coccidioides* after three weeks of culture.

Tauseef Afaq Siddiqi, MD¹
Candy Wong, MD¹
Robert Ricciotti, MD²
Afshin Sam, MD¹

¹ Department of Medicine, Section of Pulmonary, Allergy, Critical Care and Sleep Medicine
² Department of Pathology
University of Arizona
Tucson, AZ 85724