Infections due to *Aspergillus terreus* have been increasingly reported especially in patients with underlying pulmonary diseases. We report a large series of cases that presented to our centre which is a tertiary care super-speciality hospital in North India.

**RESULTS**

A total of 12552 samples were screened from 8293 patients of suspected invasive fungal infections (IFI) over a period of 28 months. Overall 658 cases were labelled as probable/proven IFI. A total of 30 cases of *A. terreus* species complex infection were observed. Seven patients showed bronchiectasis on CT chest followed by ground glass opacities in six patients and nodules in five patients. All except five patients received antifungal therapy.

- Total of 461/658 (70%) cases of IFI were due to moulds.
- Of these 379 (55%) were due to *Aspergillus* sp.
- IFI due to *A. terreus*: 30/379 = 8% of total *Aspergilli*
- The median age of patients with *A. terreus* infection was 43 years (range from 7 months to 78 years).
- The ratio of male to female patients was 1.5:1.
- Twelve patients were on mechanical ventilation.

- Creeping MICs towards clinical breakpoint was observed for voriconazole and caspofungin
- Posaconazole was the most active agent.
- There was one fatal case of H1N1 associated invasive pulmonary aspergillosis due to *A. terreus*.

**CONCLUSION**

A total of 30 cases of *A. terreus* infections were observed in the present study. Cystic fibrosis was the most common underlying disease, followed by pulmonary TB. The mortality was 30%. Creeping MICs were observed to voriconazole and caspofungin.