

Figure 1. Images from a 49-year-old woman who presented with febrile neutropenia during treatment for recurrent acute myelogenous leukemia. A, Contrast-enhanced chest CT image at presentation, showing the reversed halo sign, a solid ring (arrows) with central ground-glass opacities. B, Contrast-enhanced chest CT image, which was obtained 4 weeks later because of some chest tightness and persistent fever, showing a better formed peripheral soft tissue ring with interval development of lingular consolidation. The arrow points to an air bubble that separates the infarcted reversed halo from the still viable consolidated lung peripheral to it. C, The patient developed a pseudoaneurysm (arrow) and underwent lobectomy. D, Lobectomy specimen, 7 weeks after presentation, showing that the reversed halo sign (arrow) was attributable to infarcted lung. The tissue surrounding the reversed halo sign (*) is lingular consolidation. E, Photomicrograph of the lobectomy specimen showing that the reversed halo sign was attributable to infarcted lung, with a greater amount of hemorrhage at the periphery (P) than in the center (C) (hematoxylin-eosin stain, $\times 10$). F, Photomicrograph showing fungal hyphae with 90° branching, consistent with *Zygomycetes* hyphae (arrows). (GMS staining, $\times 40$).

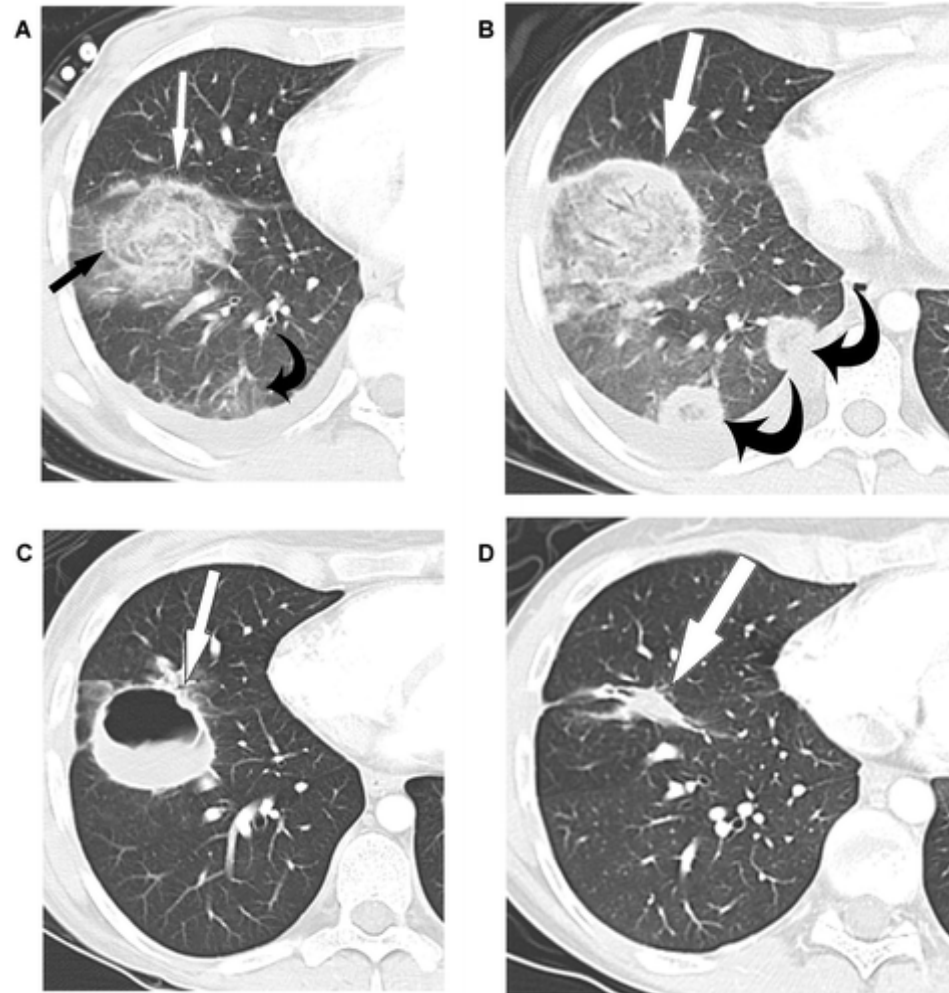


Figure 2. Images from a 24-year-old woman who presented with febrile neutropenia, with recurrence of acute myelogenous leukemia, and graft-versus-host disease 1 year after bone marrow transplantation. A, Contrast enhanced chest CT image obtained 7 days after patient presented with fever and chills, showing focal ground-glass opacity mass surrounded by soft tissue ring (straight arrows), the reversed halo sign. Curved arrow points to nodular ground glass opacity before formation of the sign. Dry cough developed 7 days after this CT image was obtained. B, CT image obtained 10 days after image in panel A, showing better delineation of the reversed halo sign, with increasing wall thickness (straight arrow) and interval formation of the sign around previously seen poorly marginated nodular ground-glass opacities (curved arrows). Results of transthoracic needle biopsy showed numerous fungal hyphae, which, on culture, were confirmed to represent *Zygomycetes* species. C, CT image obtained 2 months after image in panel A, showing interval cavitation of the reversed halo sign mass (arrow) and nodules (not shown). D, Follow-up chest CT image, obtained 2 years after that shown in panel A, showing residual scar in the right lower lobe (arrow).