**Objectives**:

Chronic Pulmonary Aspergillosis (CPA) is seen in adults usually with underlying lung conditions and are normally immunocompetent. These underlying lung conditions are rarely seen in children. We have conducted a critical review of the literature to find cases of CPA in children to gain a better understanding of case distribution and underlying causes of CPA within children.

**Materials & Methods:**

A literature search was conducted using Ovid MEDLINE and EMBASE, Scopus and PubMed databases to gather cases describing CPA according to established guidelines. All animal and adult (>18 years) cases/studies were excluded from the search. All articles that provided evidence of possible CPA in a child were then reviewed further. Cases with immunosuppressive causes were excluded, including chronic granumotous disease, but not hyper IgE syndrome (Job’s syndrome). Languages other than english were included and translated by a native speaker if possible or processed through Google Translate. Additional cases were also gathered by examining the reference lists of found studies.

**Results**:

The literature search provided 10,267 studies, of which 3,764 were duplicates. A further 2 studies were removed as retracted. This resulted in potentially 6,501 studies to screen based on title and abstract, of which 606 studies were extracted for full text screening. An additional 4 studies were discovered from found studies. 41 papers and abstracts matched our inclusion and exclusion criteria. Additional old papers and one PhD thesis are still being tracked down. The date range for cases spanned from 1963 to 2022.

7 studies did not provide enough information to be able to identify any cases of CPA with confidence. This provided us with 33 individual cases. The youngest of these patients was 7 months old and the oldest was 17 years old. 1 of these patients was under 2 years old, 13 were between 2-10 years old and 19 were between 11 and 17 years old. 6 cases had a background of pulmonary tuberculosis. 1 case had a background diagnosis of allergic bronchopulmonary aspergillosis (ABPA) complicating asthma. 1 case had a previous chest wound. 2 cases were suspected of having a congenital pulmonary airway malformation (CPAM). 1 case had a background of Job’s syndrome. 2 cases were identified as co-infection with *Echinococcus* and 1 case had a previous removal of a hydatid cyst. 4 cases had had pneumonia with a suspected cavitating pathogen. 17 cases had no other lung pathology or were suspected of having one. All of the cases except for the case with Job’s Syndrome were deemed or assumed to be immunocompetent. All of the cases except for one survived their initial presentation. 21 underwent surgery to treat or improve the condition of the patient.

**Conclusions**:

Although rarely reported, CPA can develop in children, most with an underlying lung problem, as in adults. The vast majority were diagnosed first after surgical resection, with limited follow up. Awareness that CPA may occur in children raises questions about pathogenesis and optimal long term management.