**Background:**
Chronic pulmonary aspergillosis (CPA) is typically managed with oral azole therapy for 6–12 months. However, extended treatment is often required due to disease persistence, and some patients are unable to tolerate azoles. The role of nebulized amphotericin B as a maintenance or salvage therapy in CPA remains uncertain.

**Methods:**
We conducted a retrospective review of our database to identify CPA patients treated with nebulized amphotericin B. Data collected included: (1) demographic characteristics; (2) CPA subtype: simple aspergilloma (SA), chronic cavitary pulmonary aspergillosis (CCPA), or chronic fibrosing pulmonary aspergillosis (CFPA); (3) indication for amphotericin B use; (4) dose, duration, and formulation (liposomal or deoxycholate); and (5) treatment outcomes, including adverse events.

**Results:**
A total of 43 patients were identified, comprising 32 with CCPA and 11 with CFPA. The primary indications for nebulized amphotericin B were maintenance therapy following azole therapy (n=38), initial therapy for CPA relapse (n=4), and salvage therapy in the setting of concomitant active pulmonary tuberculosis (n=1). All patients received deoxycholate amphotericin B at a dose of 10 mg twice daily, administered either on alternate days (n=21) or six times per week (n=22), for a median duration of six months. Clinical improvement or stability was observed in 29 patients (67.4%), while 14 patients experienced disease progression or intolerance to therapy. The most common adverse events were bronchospasm (n=7) and hemoptysis (n=1).

**Conclusion:**
Nebulized amphotericin B deoxycholate may serve as an effective maintenance therapy for CPA patients, although approximately one-third experienced either disease relapse or adverse effects. Prospective studies are needed to further evaluate its long-term efficacy and safety.