



EMPHYSEMATOUS CHANGES IN PATIENTS WITH HYPERSENSITIVITY PNEUMONITIS

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Objective:

Background:

Hypersensitivity pneumonitis (HSP) is a granulomatous respiratory disease mediated by the immune system and caused by inhalation of a wide variety of antigens. It is a rare disease with prevalence around 0.91-1.70 per 100,000 persons.

Characteristic radiological findings on high resolution CT in HSP are pulmonary infiltrates, reticular or nodular pattern and ground-glass opacities and well as fibrous changes seen in chronic HSP.



Disease progression can be classified into three groups: acute, subacute and chronic.

Aims:

To examine emphysematous changes in non-smoking patients with HSP.

Methods: A retrospective review was made among medical records of 16 patients hospitalised in Clinical Hospital 'Dubrava', Department of pulmonology, for evaluation or treatment of HSP. Patients mean age was 65 years. Radiology findings on HRCT were collected. All the patients were non-smokers and had extensive radiological pulmonary changes.

Results: Emphysematous changes were detected in 4 patients (25%).

Five (31%) of the patients were on domicile oxygen therapy and 6 (37,5%) patients had forced vital capacity below normal values <80%.



All of the patients had moderately or severely reduced diffusing capacity of lung for carbon monoxide.

Conclusions: In this small retrospective analysis of 16 patients it is observed that emphysematous changes can be seen in non- smoking patients with HSP and these radiological marker can be associated with higher prevalence of secondary pulmonary hypertension and worse functional status. Among all patients in our group, most of them were farmers.

Patients should be discussed on multidisciplinary team, bronchoscopy with transbronchial lung biopsy should be performed, as well as detailed history of exposition. Limitation for conclusions about significance of the results of this analysis is small number of patients. HSP patients should be early recognised due to the importance of avoidance of trigger, introducing treatment and pulmonary rehabilitation.