

Hypersensitivity Pneumonitis



PLAY PICMONIC

Farmer's Lung

Farmer and Lungs

Pigeon Breeder's Lung

Pigeons and Lungs

Another type of hypersensitivity pneumonitis is pigeon breeder's lung. As its name implies, this type arises in patients who are in contact with pigeons.

br>-Other common triggers are coffee bean dust, moldy sugar cane, and bacterial spores from hot tubs.

 tubs.

 try-Other common triggers are coffee bean dust, moldy sugar cane, and bacterial spores from hot tubs.

 tubs.

 try-Other common triggers are coffee bean dust, moldy sugar cane, and bacterial spores from hot tubs.

 tubs.
 tubs.

 tubs.
 tub

Malt Worker's Lung

Bob-Barley and Malt

Another specific type of hypersensitivity pneumonitis is malt worker's lung, which is thought to be due to aspergillus spores that arise from moldy barley.

CLINICAL PRESENTATION

Acute: Type III Hypersensitivity

Acute-angle (3) Tree Hiker-sensitive-crying

Hypersensitivity pneumonitis can be acute or chronic. Acute hypersensitivity pneumonitis is caused by a type III hypersensitivity reaction to a trigger. It usually occurs because of intermittent, brief exposures to high doses of the trigger in question.
br>As exposure begins, the allergen is picked up in the lungs by dendritic cells that travel to the lymph nodes and present it to Th1 cells. Th1 cells activate B cells which become plasmocytes that produce antibodies and form complexes with the antigen. These, in turn, deposit in the basement membrane of the pulmonary capillaries.

br>As this occurs, the complement system is activated and neutrophils, the predominant cell, degranulate, causing inflammation and necrosis of capillaries and alveoli.

br>Acute hypersensitivity pneumonitis usually occurs 4-8 hours after exposure.

Chronic: Type IV Hypersensitivity

Crone and (4) Fork with Hiker-sensitive-crying

Fever

Fever-beaver

Fever is a common finding in patients with acute forms of hypersensitivity pneumonitis. It is absent in chronic forms.

Dyspnea and Cough

Disc-p-lungs and Coughing-coffee-pot

Dyspnea and cough are common in both acute and chronic presentations and can be accompanied by tachypnea and crackles.

DIAGNOSIS



Ground-Glass Opacifications with Honeycombing

Broken-glass Opacities on the Ground and Honeycomb

Restrictive Pattern

Restrictive-belt on Lungs

Inhalation Challenge

Inhaler with Sword

A study that can be performed for diagnosis is the inhalation challenge, a test in which the patient is exposed to the suspected trigger of the disease and monitored for a response.

TREATMENT

Remove the Trigger

No-Sign on Trigger

Glucocorticoids

Glue-quarter-on-steroids

In severe cases of hypersensitivity pneumonitis, glucocorticoids can be used. If it is chronic, glucocorticoids are used, reducing the dose until the minimum effective dose is achieved.
