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Hypersensitivity pneumonitis: beyond classic occupational disease-changing concepts of diagnosis and management.

[Jacobs RL](#), [Andrews CP](#), [Coalson JJ](#).

Biogenics Research Institute, San Antonio, Texas 78229, USA.
robertjacobs@sbcglobal.net

OBJECTIVE: To review inhaled antigens in home environments that cause hypersensitivity pneumonitis (HP) of varied clinical expressions and histopathologic patterns. **DATA SOURCES:** Computer-assisted MEDLINE and manual searches for articles concerning HP, interstitial lung disease (ILD), epidemiology of HP and ILD, challenge procedures of HP, and indoor fungi. **STUDY SELECTION:** Published articles concerning inhaled antigens in home environments and HP were selected. **RESULTS:** Current criteria for the diagnosis of HP are too restrictive, because most apply only to the classic acute presentation and are of limited value in the subacute and insidious forms. Clinical expressions vary across the gamut of respiratory tract signs and symptoms. Patterns on lung biopsy may include all histopathologic descriptions of idiopathic ILD. The home is the likely causative environment rather than the workplace. Exposures may be occult and require in-depth environmental histories and on-site investigations to detect antigens and sources. **CONCLUSIONS:** Natural or environmental challenges have become an important tool for diagnosing HP and determining effectiveness of remediation. Early diagnosis and effective remediation of the cause lead to a high survival rate, whereas diagnosis in advanced stages leads to disability and/or premature death.

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