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Chronic Hypersensitivity Pneumonia: Should Be Questioned in Details

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A 58-year-old female, housewife, from Niğde, admitted to hospital with dyspnea for 5 years (mMRC2 last 1 year), dry cough for 2 years. She was diagnosed as bronchitis at the age of 25 with unregular bronchodilator usage. When exposures of patient who had no history of systemic disease, smoking, drug except bronchodilator, pneumonia, operation were asked, history of feeding cattle, chickens, exposure to straw, wool until the age of 20 and burning felt were learnt. In physical examinations, there were no pathological finding except velcro crackles in bilateral basal areas. PFT: FEV1 63% (1.34), FVC 63% (1.59), FEV1/FVC 83, DLCO 64%, DLCO/VA 114, ECO were normal, early reversibility was negative. In CT bilateral honeycomb, reticulonodular, ground glass opacities with basal dominancy were seen. Collagen tissue markers, serum ACE level were normal. The fiberoptic bronchic b. lavage cytology showed inflammation, BAL showed neutrophil dominancy. VATS wedge resection was performed from upper, middle, lower lobes to explore diagnose. She was diagnosed as chronic hypersensitivity pneumonitis (CHP) showing UIP-like pattern with pathologic findings of honeycomb in all lobes, increased fibrosis connective tissue from the visceral pleural to the septum - Bridging fibrosis, multinuclear giant cells and fibroblastic foci. CHP, with UIP-like pattern, is one of the subtypes of fibrotic CHPs. Whether BAL, CT findings are not specific, HP should be even considered in history of any exposures. Therefore, it is very important to question the patients' histories of exposures in details.

Keywords: Chronic hypersensitivity pneumonitis, UIP-like pattern, exposure