

# SUB-ACUTE/CHRONIC FORMS

- Continuous low-level antigen exposure (for example, few birds at home)
- Insidious onset of the disease
- Duration of symptoms before the first consult: 2-24 months

# SUB-ACUTE/CHRONIC FORMS

- Progressive dyspnea
- Easy fatiguability
- Cough with mucoid sputum
- Anorexia, malaise, weight loss
- Occasionally, fever at the onset of the illness
- Occasional digital clubbing
- It may progress to fibrosis, chronic respiratory insufficiency, cor pulmonare

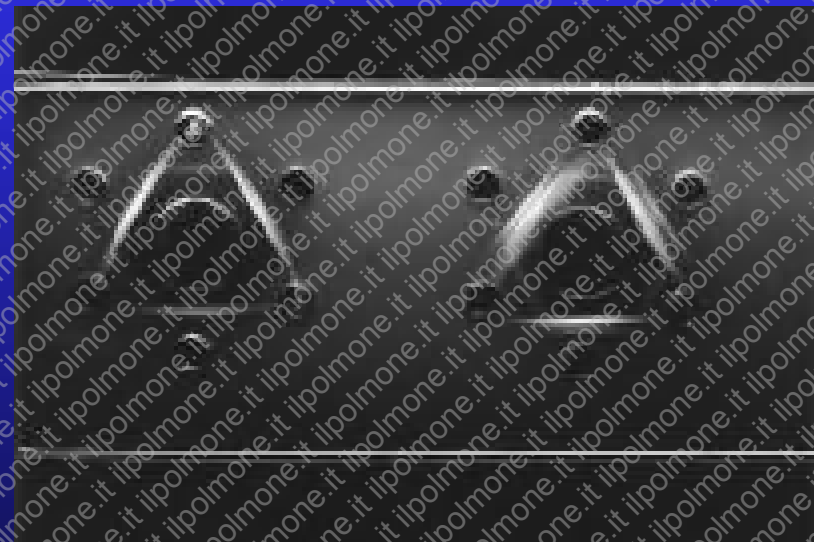


# LABORATORY

- Laboratory tests are of limited utility
- Erythrocyte sedimentation rate, immunoglobulins, rheumatoid factor, C-reactive protein, circulating immune complexes may be elevated
- Serum LDH may be high in acute phases of the disease

# LABORATORY

- Positive precipitating serum antibodies (IgG, IgM or rarely IgA) to common antigens may be demonstrated
- **HOWEVER:** specific serum-precipitating antibodies has been considered to be of questionable clinical relevance for diagnosis, primarily because similar Abs are present in sera from *exposed* but *asymptomatic* individuals



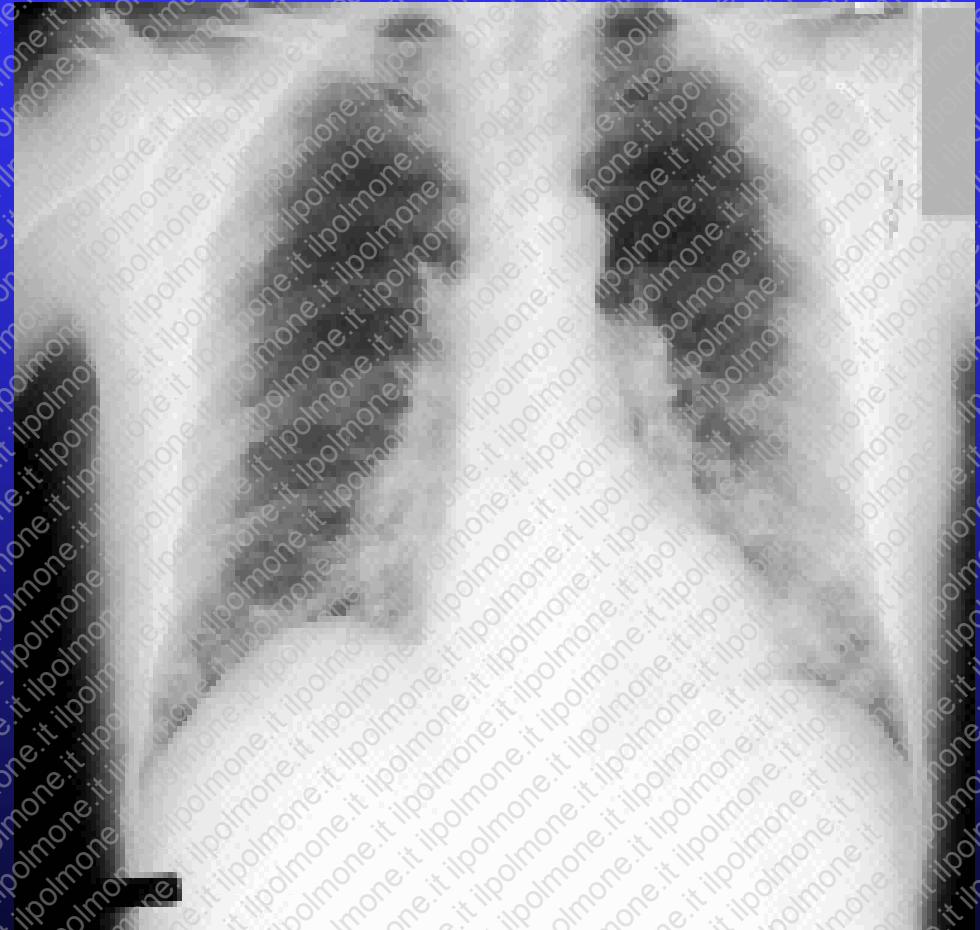


# PULMONARY FUNCTION TEST

- Arterial blood gases may show mild hypoxemia
- Pulmonary function tests usually reveal a restrictive ventilatory defect
- In some cases, however, an obstructive pattern is found/ mixed obstructive and restrictive pattern is often present
- The diffusing capacity is invariably reduced
- Exertional hypoxemia is common

# RADIOLOGY

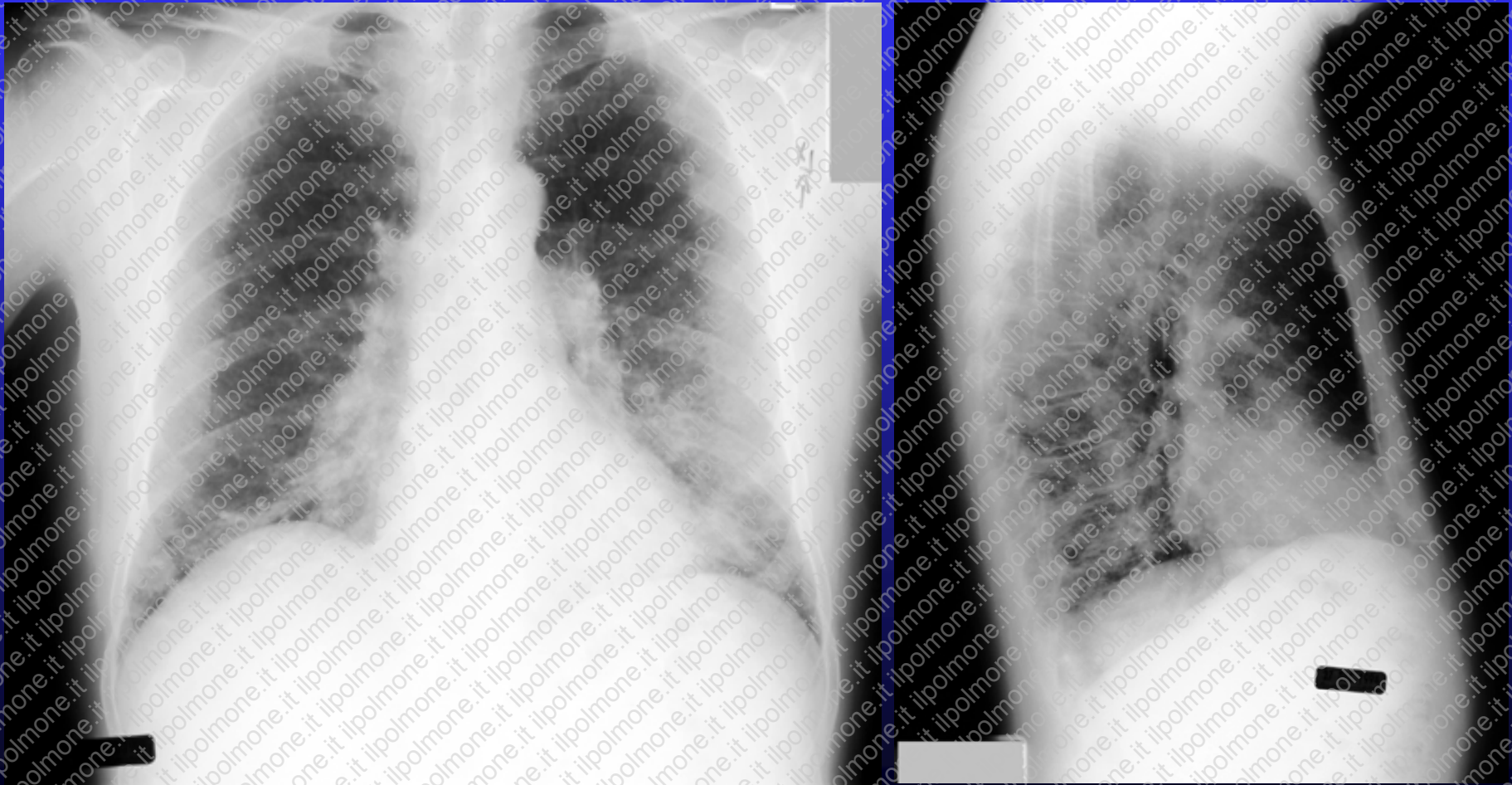
- In *acute* EAA a fleeting, micronodular, interstitial pattern in the lower and middle lung zone may be identified, but
- The chest film is frequently normal (eg, in 10 of 11 patients in one study of biopsy proven EAA)



Lynch DA, AJR Am J Roentgeno! 1992; 159:469

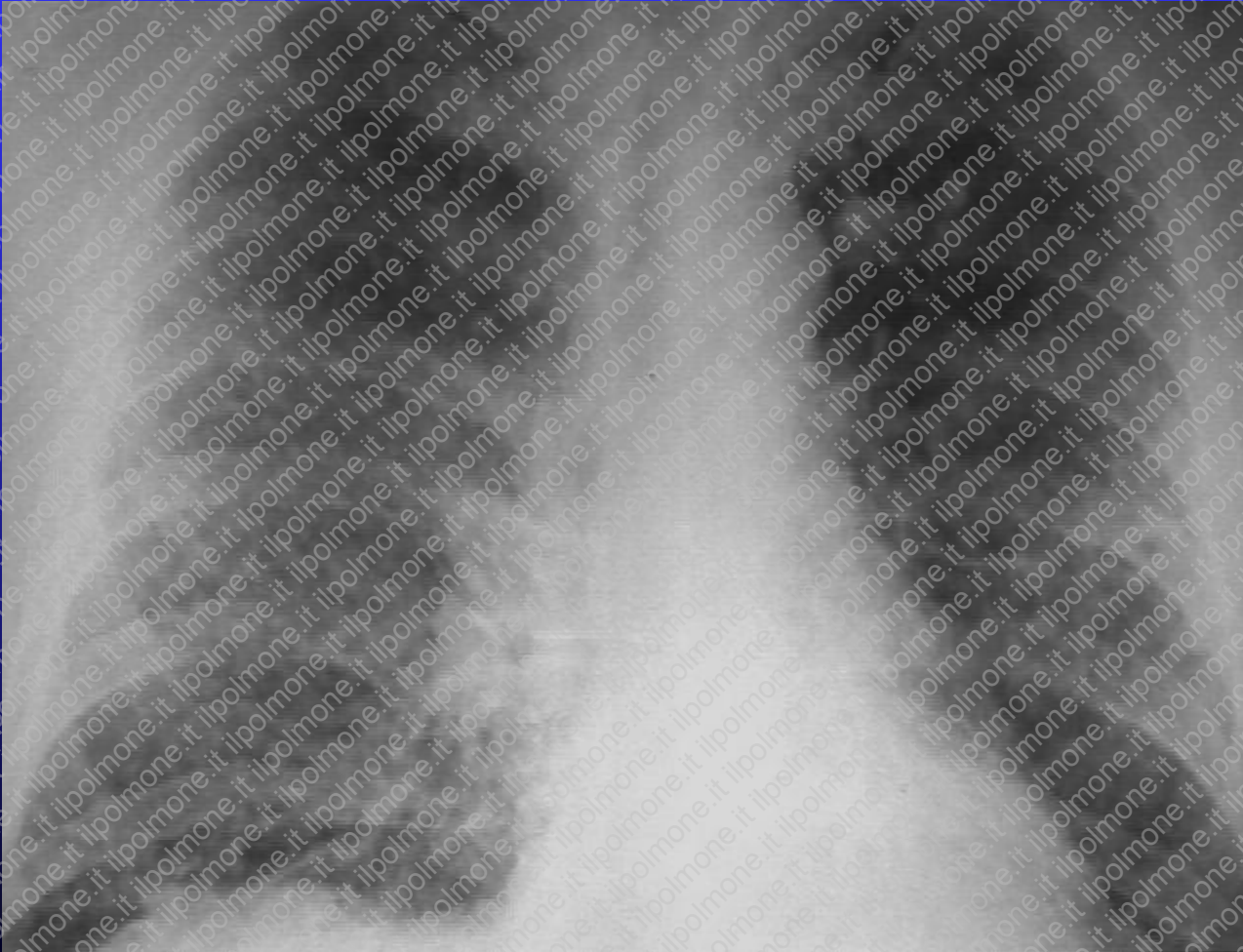


# RADIOLOGY





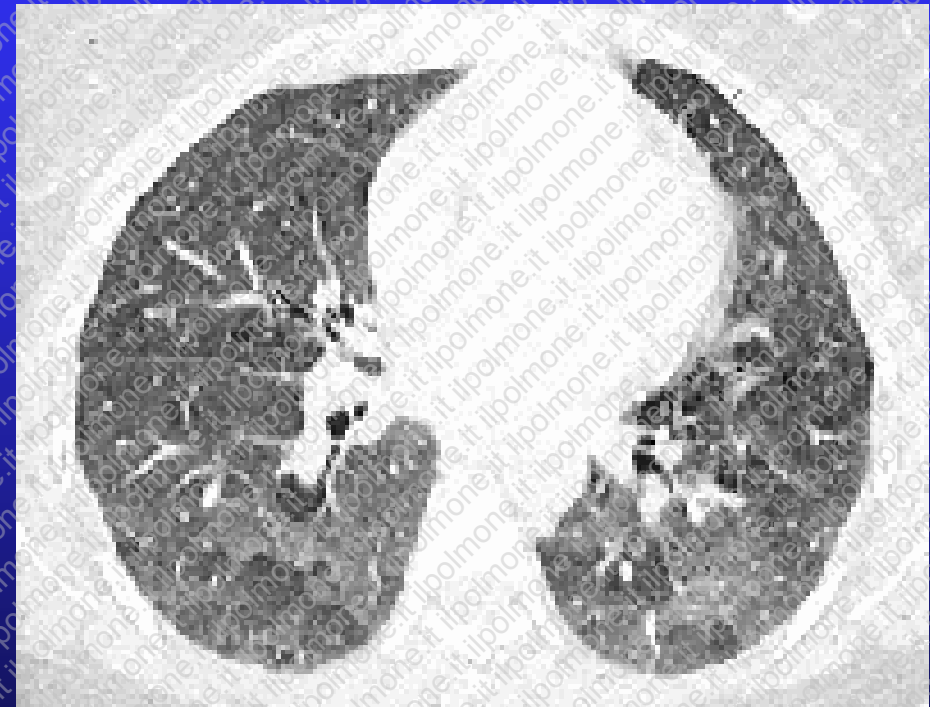
# RADIOLOGY





# RADIOLOGY

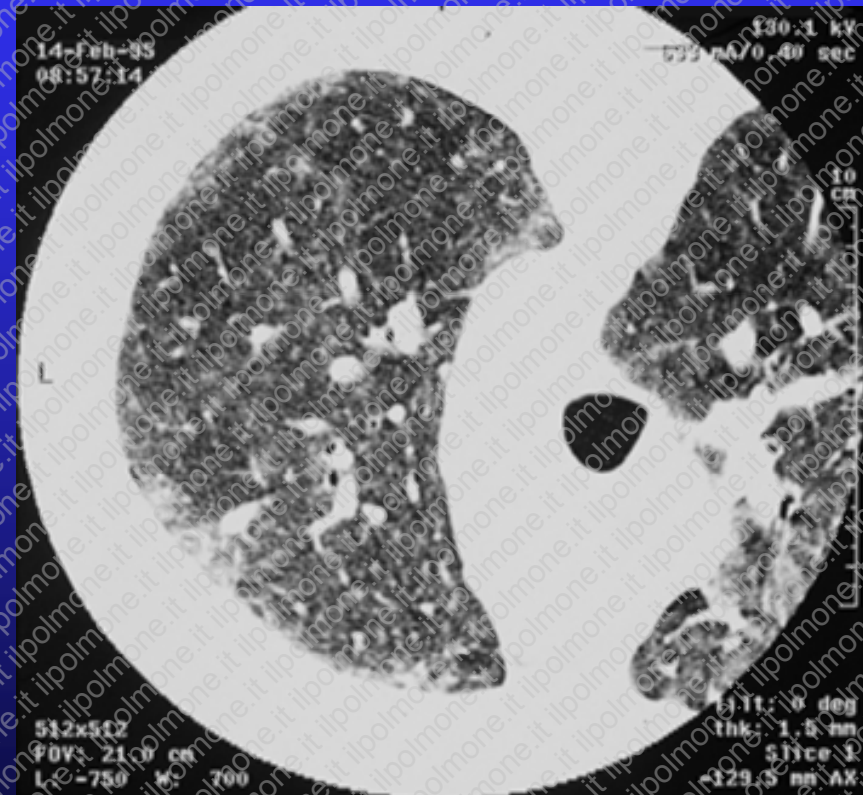
- HRCT is often required to confirm the presence of pneumonitis
- However, the sensibility of HRCT is not absolute, being abnormal in only five of 11 patients in the same series



**Lynch DA, AJR Am J Roentgenol 1992; 159:469**

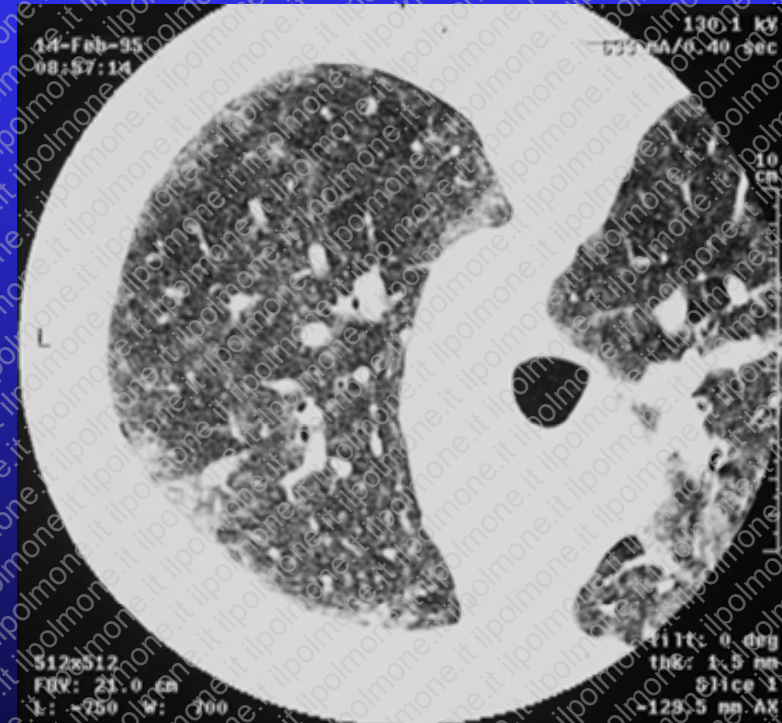
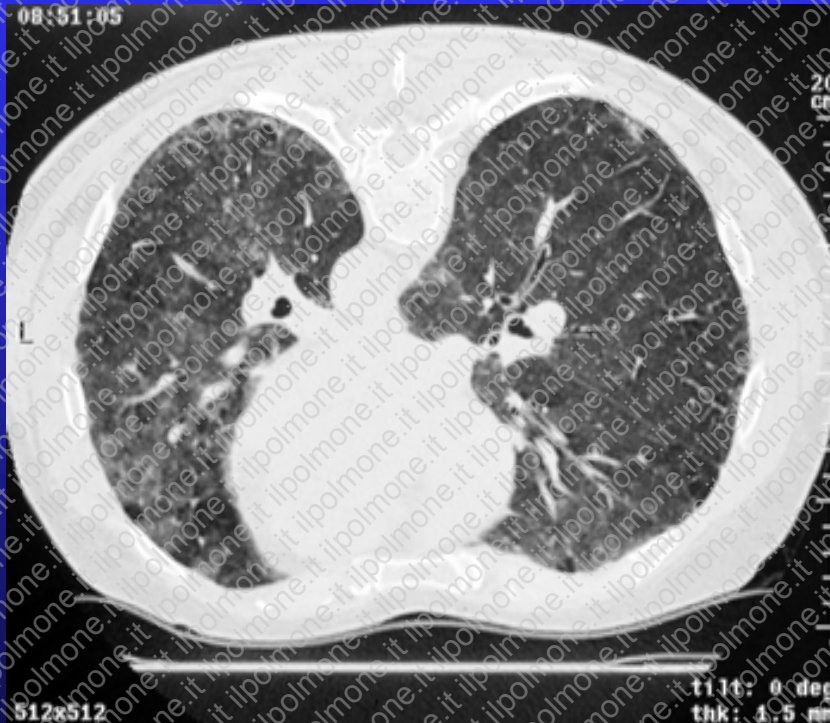
# HRCT

In *acute* EAA the HRCT shows diffuse and hazy increased parenchymal density (ground-glass opacification and consolidation), small and poorly defined nodules

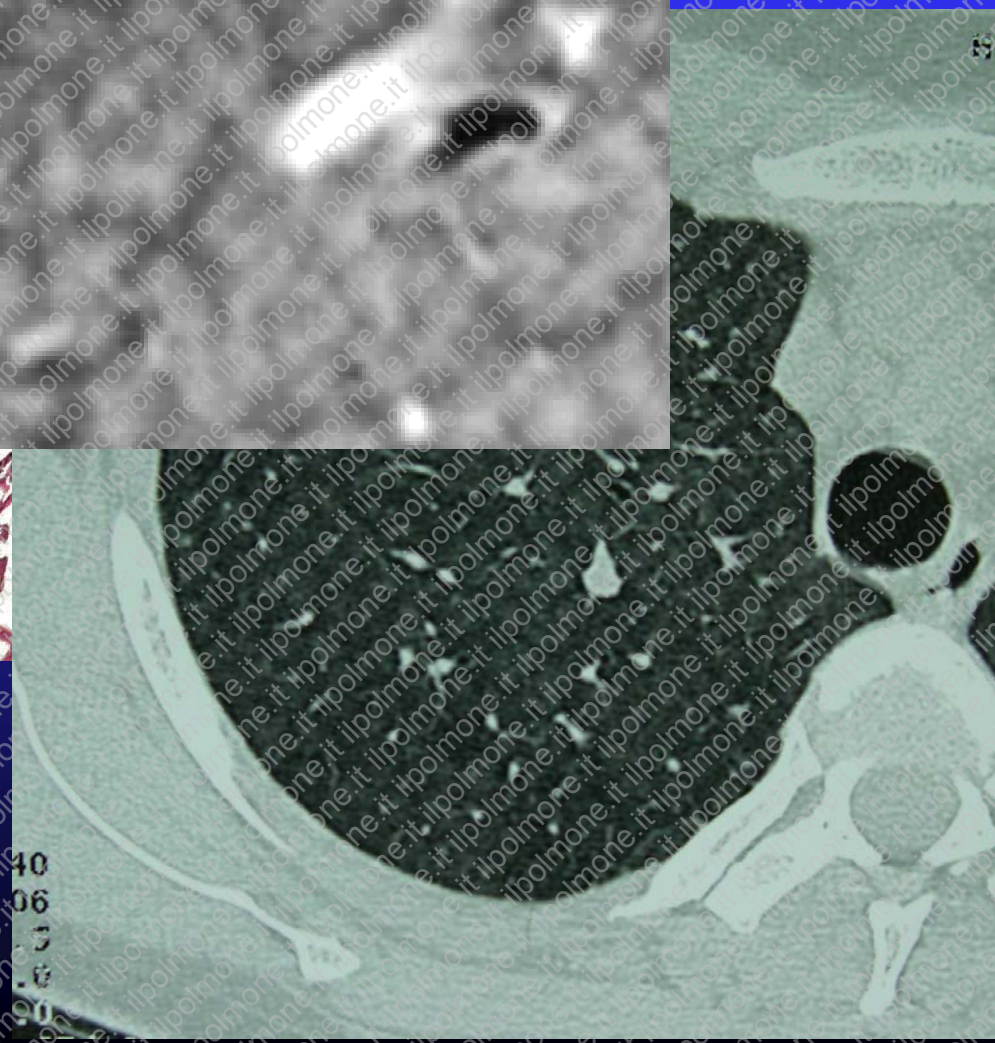
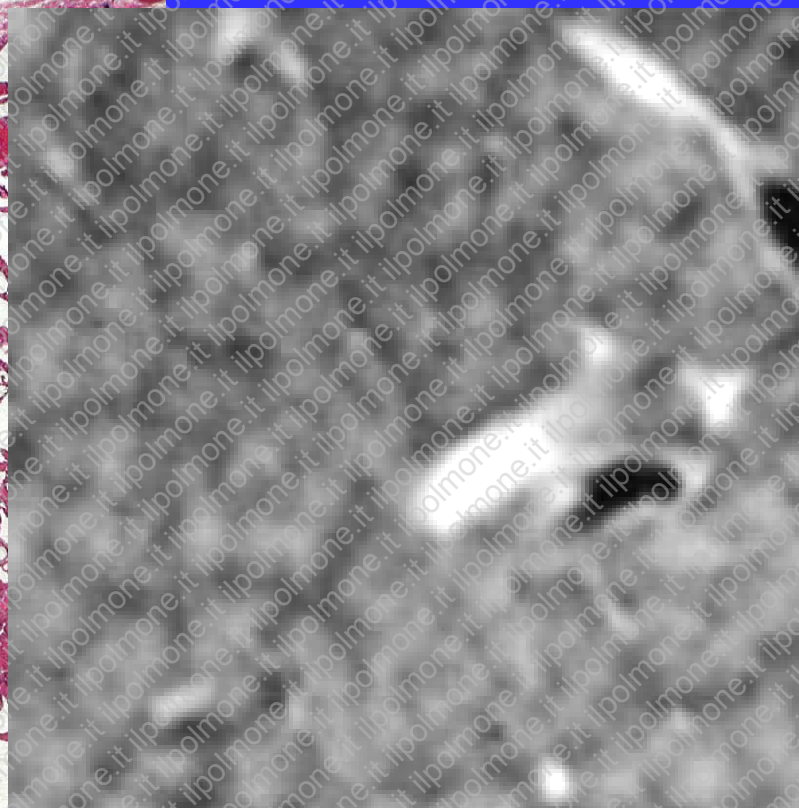
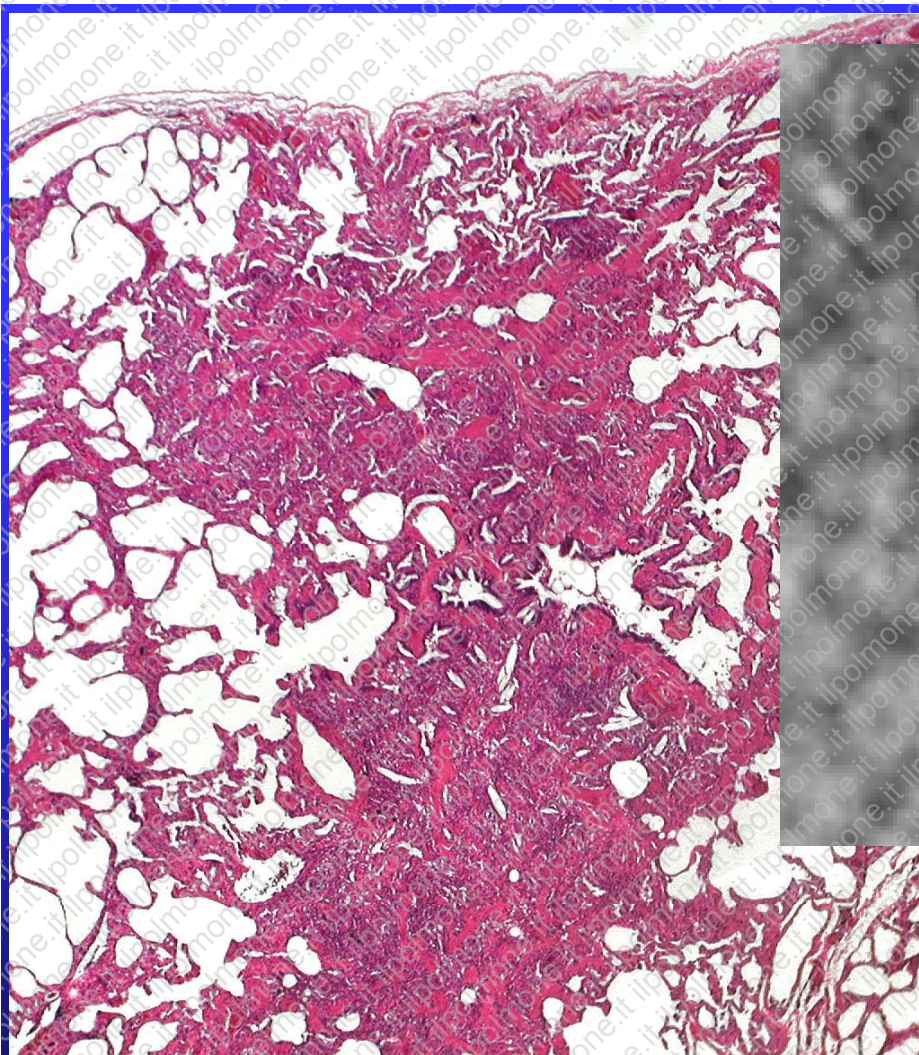




# HRCT







By courtesy of A. Cancellieri



