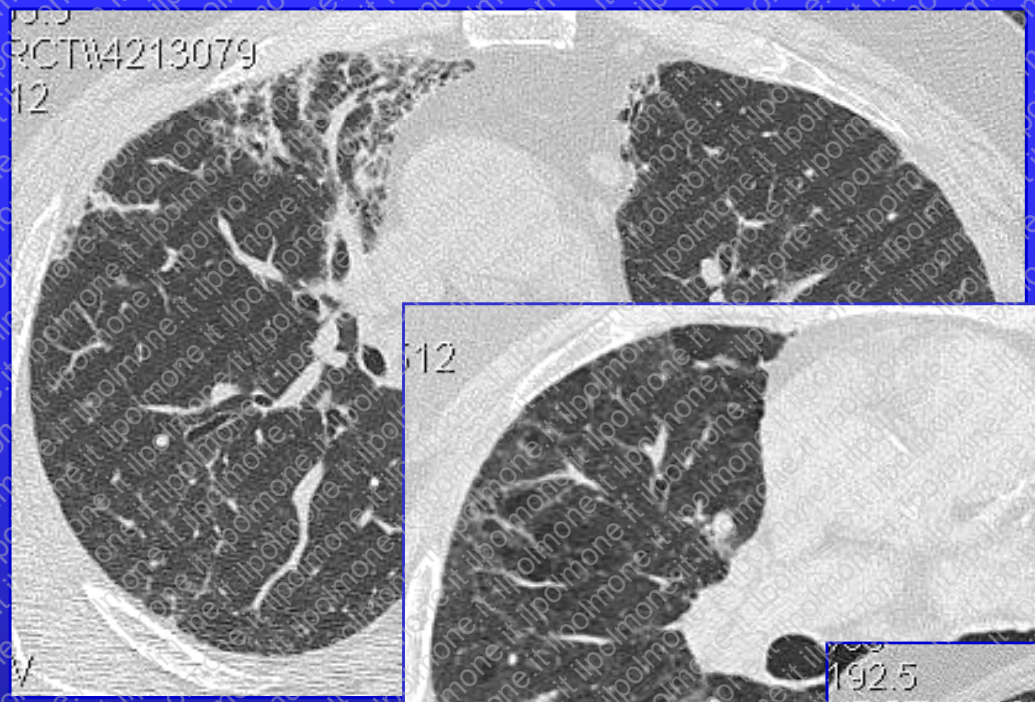
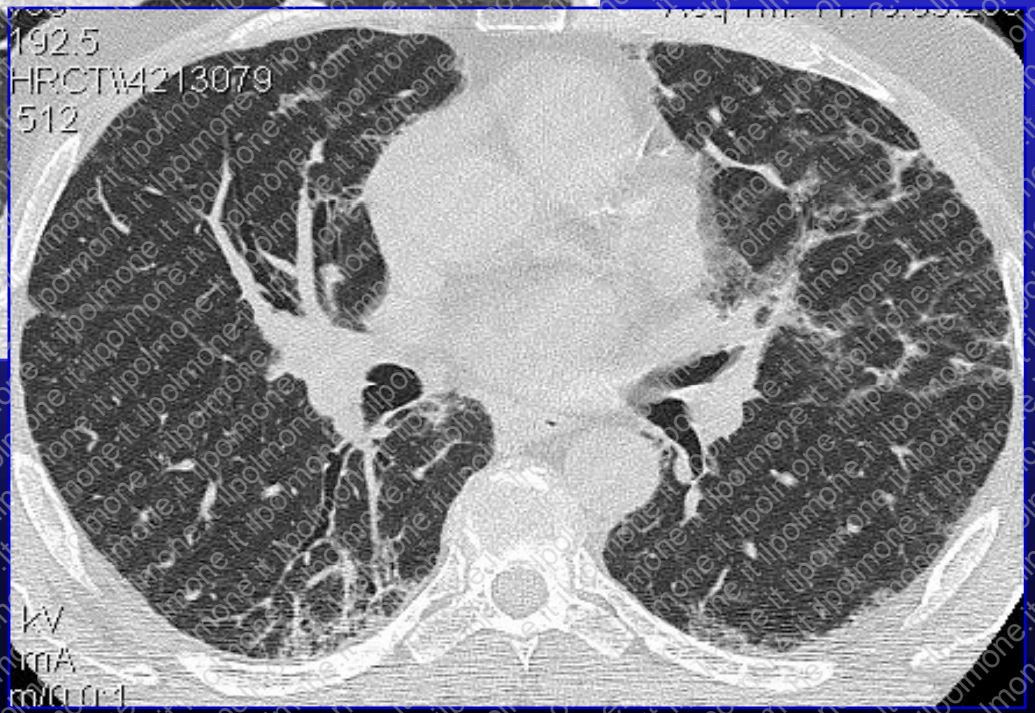
HRCT in Chronic HP





BRONCHOALVEOLAR LAVAGE

Cell Profile

Increase of T-lymphocytes

Increase of CD4+ T-cells

CD4+/CD8+ ratio

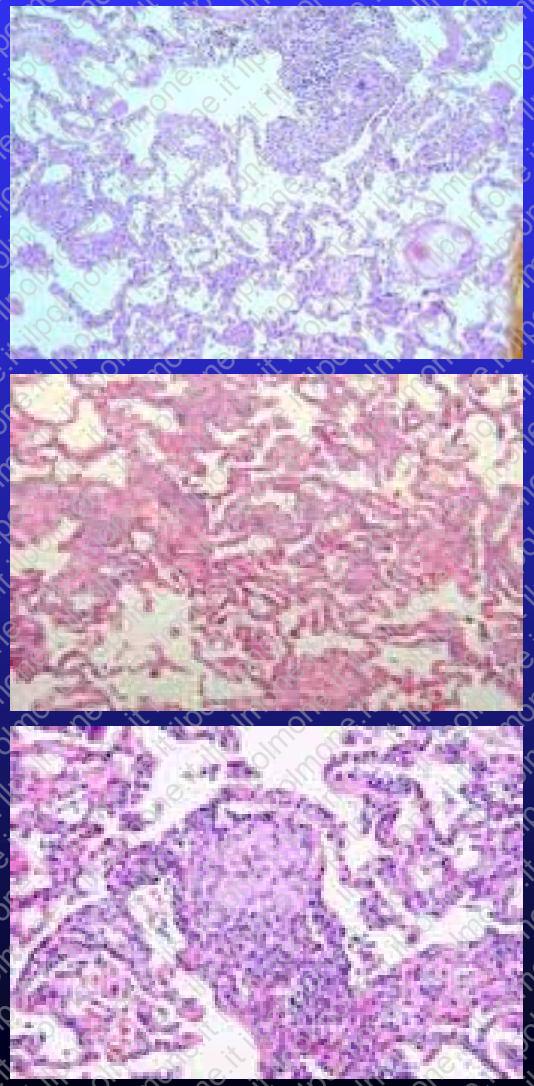
Chronic forms?

Increase of CD8+ T-cells

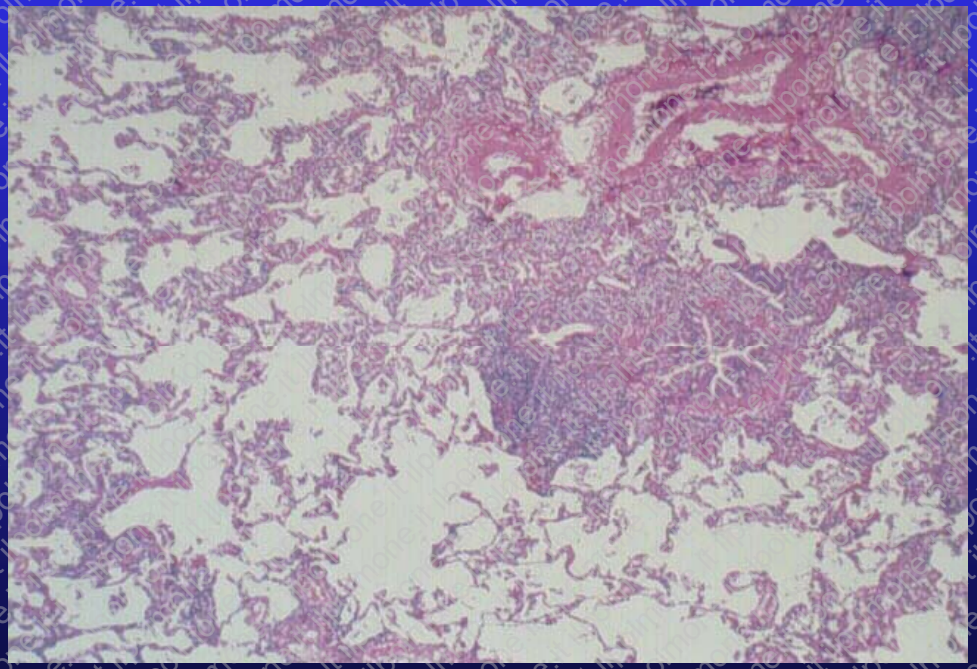
CD4+/CD8+ ratio

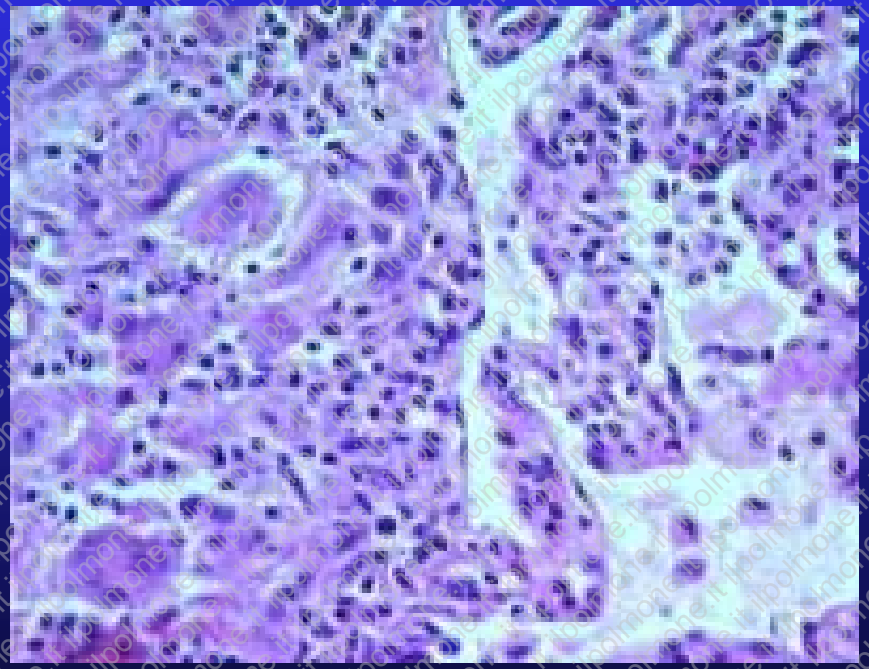
PATHOLOGY

- Mononuclear cell infiltration in a peribronchial distribution
- Poorly formed, noncaseating innterstitial granulomas often with prominent giant cells
- BOOP-like aspects
- Honeycombing with densely fibrotic zones in chronic form

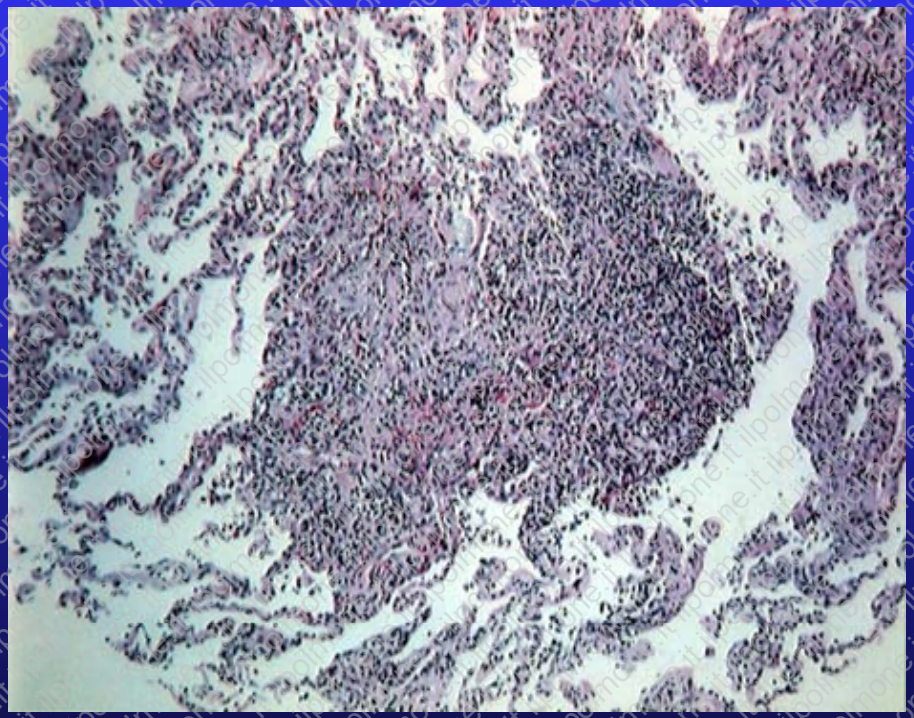


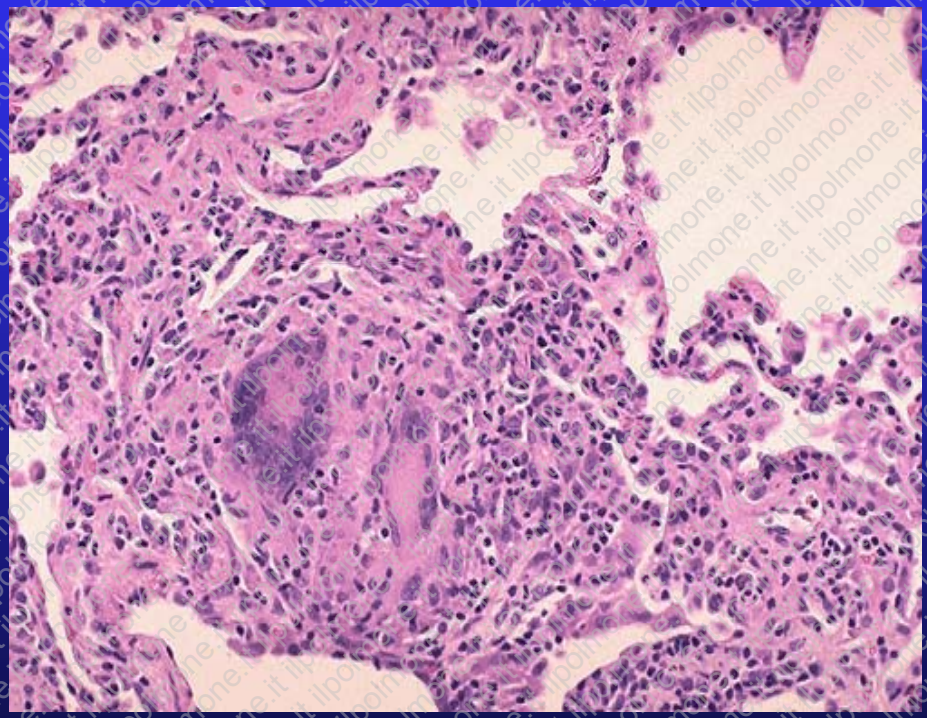
PATHOLOGY



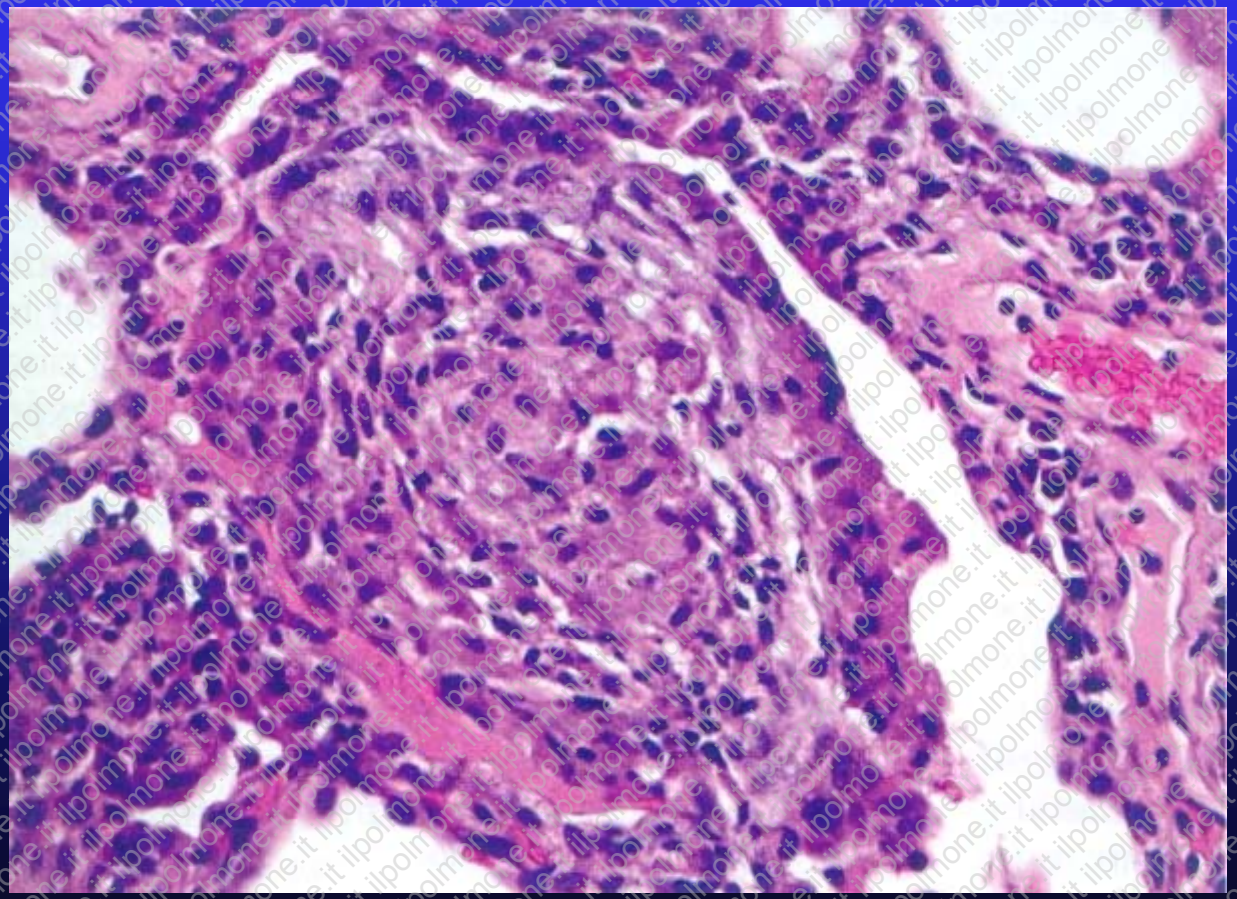


PATHOLOGY





PATHOLOGY



DIAGNOSIS

MAJOR CRITERIA

- History of appropriate exposure
- Compatible clinical and physiologic findings
- Compatible radiographic findings
- Lymphocytosis T CD8+ with low ratio CD4/CD8

MINOR CRITERIA

- Febrile episodes
- Bibasilar crackles
- Riduced DLCO
- Altered gas exchange either at rest or with exercise testing
- Hystopathology showing compatible changes
- Improvement with antigen exposure avoidance

"CLINICAL DIAGNOSIS OF HYPERSENSITIVITY PNEUMONITIS"

This model, derived retrospectively in a 400-patient cohort and prospectively validated in a separate cohort of 261 patients, identified 6 significant predictors of HP:

1) Exposure to a known offending antigen
2) Positive precipitating antibodies to the offending antigen
3) Recurrent episodes of symptoms
4) Inspiratory crackles on physical examination
5) Recurrent episodes of symptoms occurring 4-8 h after exposure
6) Weight loss

Lacasse Y et al. *Am J Respir Crit Care Med* 2003; 168:952