Hypersensitivity Pneumonitis: A Comprehensive Review

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CME Items

1. The pathogenesis of hypersensitivity pneumonitis (HP) involves:
   a. Immune complexes
   b. T\(_{h1}\) cell alveolitis
   c. T\(_{h17}\) cell polarization in fibrotic disease
   d. All of the above

2. Which of the following is a typical yet not pathognomonic finding on chest auscultation in patients with HP?
   a. Expiratory wheezing
   b. End-inspiratory Velcro-crackles
   c. End-inspiratory squawks
   d. None of the above

3. Which of the following is not a radiological feature of HP?
   a. Cavitating nodules
   b. Upper/middle zone predominance
   c. Centrilobular nodules
   d. Mosaic attenuation

4. Which of the following combination of features is commonly referred to as the “histologic triad” of HP?
   a. Cellular nonspecific interstitial pneumonia, cellular bronchiolitis, granulomatous inflammation
   b. Usual interstitial pneumonia, granulomatous inflammation, bridging fibrosis
   c. Bronchiectasis, granulomatous inflammation, organizing pneumonia
   d. None of the above

5. The cornerstone of treatment of HP is
   a. Corticosteroid treatment until resolution
   b. Corticosteroids plus immunosuppressive agents until resolution
   c. Avoidance of further antigen exposure
   d. Antifibrotic drugs (pirfenidone, nintedanib)

6. What level of bronchoalveolar lavage (BAL) lymphocytosis reliably excludes a diagnosis of idiopathic pulmonary fibrosis?
   a. ≥30%
   b. ≥25%
   c. ≥20%
   d. ≥15%

7. What is the significance of positive serum precipitating antibodies (precipitins)?
   a. Diagnostic of HP
   b. Marker of exposure
   c. Marker of exposure and diagnostic
   d. None of the above

8. On high-resolution computed tomography, what is the most challenging differential diagnosis of fibrotic HP?
   a. Fibrotic sarcoidosis
   b. Fibrotic organizing pneumonia
   c. Asbestosis
   d. Idiopathic pulmonary fibrosis

9. What percentage of BAL lymphocytes is usually seen in patients with subacute HP?
   a. >50%
   b. >40%
   c. >35%
   d. >30%

10. What is the strongest predictor of the diagnosis of HP?
    a. Symptoms 4-8 hours after exposure
    b. Recurrent episodes of symptoms
    c. Positive precipitins
    d. Exposure to a known offending antigen