A 55-year-old man who lived in an old wooden house was admitted to our hospital in early August 2013 with slight fever, dry cough and dyspnea on exertion. A chest radiograph showed ground-glass opacity in the middle to lower lung fields (Figure 1A), and a computed tomography scan revealed abundantcentrilobular nodules in all lung fields (Figure 1B). Additionally, the patient’s serum tested positive for the anti-Trichosporon antibody, which confirmed the diagnosis of summer-type hypersensitivity pneumonitis (SHP). The patient’s symptoms improved after corticosteroid administration and allergen avoidance. The patient moved to a different house, and his SHP has not recurred. SHP is caused by repeated inhalation of Trichosporon species. SHP generally occurs in Japan during the hot and humid season and primarily affects people living in old wooden houses. Only a few case reports regarding SHP outside of Japan have been published previously. The incidence of SHP might increase in countries outside of Japan due to global climate change.

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References

Figure 1. (A) Chest radiograph on admission showed ground-glass opacity in the middle to lower lung fields. (B) Chest computed tomography scan revealed abundantcentrilobular nodules in all lung fields.