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Sawmill work and extrinsic allergic alveolitis

Sir,

The authors of "Extrinsic Allergic Alveolitis in a Sawmill Worker" (vol 6, no 2, 1980, pp 153—157) have apparently missed the fact that extrinsic allergic alveolitis, tentatively named wood trimmer's disease, has been described as a widespread and complicated health problem in the sawmill industry for the last 3 to 4 a in Sweden.

With this Finnish report of one case the authors now take the opportunity to alert the readers about a "new health hazard in modern sawmill industry." If they had troubled themselves by reading any of the references given below, they would know that the problem has been recognized and subjected to much study — even reported at scientific meetings in Finland on two occasions (in 1977 and 1979). If attention had been paid to the Swedish data, an interesting discussion could have been given concerning the different findings of causative mold species to these reactions, which are probably the same in Sweden and Finland.

The serological data in the report do not provide information on whether antigen extracts representing *Rhizopus*, *Paecilomyces* and *Mucor* species were included in the precipitin analyses. *Rhizopus* has by far been found to be the dominating mold species in the trimming areas of Swedish sawmills, probably because of its very rapid growth at kiln drying temperatures in comparison with many other opportunistic spore producing molds. Finally, it would have been interesting to know how the authors relate their mold problem to the kiln drying procedure, which I assume has been employed for wood drying also in the saw mill in which their case worked. In Sweden we have mainly traced the problem to this operation in modern saw mills, and the technical schedules for the kiln drying are currently critically examined in order to create less favorable conditions for the opportunistic molds to grow during the drying process.

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Authors' reply

Sir,

There is a clear difference between the clinical picture of our case and all those reported Swedish cases (called "Juster-verkssjukan" or "wood trimmer's disease") that we are familiar with. In his chest radiograph, our patient had reversible lung infiltrations compatible to extrinsic allergic alveolitis (1), whereas no such infiltrations were reported in the Swedish cases. We thus feel that the Swedish cases do not fulfill the diagnostic criteria for extrinsic allergic alveolitis, but seem to have common features with, eg, "humidifier fever" (2).

Our report dealt with a case of real extrinsic allergic alveolitis, and therefore we thought that one reference to Swedish publications was enough. As can be seen from Dr. Belin's letter, most of his communications on wood trimmer's disease are abstracts which have appeared (with one exception) in publications not cited in computerized international literature search systems. We chose the case report by Bäck and Göransson as a reference because it was the first Swedish report we found on this subject.

As for the antigen panel, some selection is mandatory; otherwise one would have to include all possible microorganisms in it. *Rhizopus*, *Paecilomyces* and *Mucor* were not included because they were not predominant microorganisms in the air samples. The microbial flora of the work environment in the saw mill had certain similarities to that of Finnish farm buildings and therefore the antigen panel for

farmer's lung was used. It consisted of *Micropolyspora faeni*, *Thermoactinomyces vulgaris*, and *Aspergillus fumigatus*.

One also should keep in mind that the presence of antigen specific precipitating antibodies in the serum only indicates exposure to the offending antigens. So precipitin tests are only one aid in the characterization of exposure and may give some support to the diagnosis. We think that it is at least as important to know what really is found in the ambient air of the environment. Aerobiological methods are a further step towards the etiologic diagnosis, but even the combined data of aerobiological and serological analyses do not provide final confirmation to the etiology.

References

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