INNOVAPATH™
The Premier Journal Bridging Discovery & Innovation

Letter to the Editor
https://doi.org/10.63501/jv9ttx07

Addressing the Recent Spike in Bird Fancier's Lung in Karachi: Time for Policy Making and Public Awareness

[1]Laraib Ghanghro, [2]Yumna Shariff, [3]Shagufta Naz Muzaffar Ali, [4]Waleed Ahmad

[1]Dow Medical College, Dow University of Health Sciences, Karachi

[2]Aga Khan University Hospital

[3]Jinnah Sindh Medical University, Karachi.

[4]Lahore Medical and Dental College

[4]Corresponding Author Email: waleedahmadpk786@gmail.com

Dear Editor,

Bird fancier lung (BFL) is a variant of hypersensitivity pneumonitis (HP), an immune-mediated interstitial lung disease (ILD) caused by the recurrent inhalation of avian proteins present in bird excrement, feathers, and serum1. It usually presents with symptoms such as cough, dyspnea, and chest discomfort, and symptoms may overlap with other ILDs like idiopathic pulmonary fibrosis and sarcoidosis, making differential diagnosis difficult 2. The extent and characteristics of symptoms vary according to the type: acute, subacute, and chronic2.

A concerning uptick has been reported in BFL cases in Karachi, with 20–25 new cases reported weekly. A decade ago, the number of weekly cases was 1-2 cases weekly, primarily due to unhygienic pigeon-feeding practices in public spaces, poor maintenance of bird cages and AC systems, and increasing indoor exposure to allergens3. Pigeon feeding, a common practice in parks and near religious shrines, often involves neglecting proper hygiene and cleaning practices, particularly when maintaining pigeons on rooftops or balconies. This neglect leads to an accumulation of droppings that dry up and exacerbate the spread of allergenic particles. Inadequate ventilation and infrequently serviced air conditioners further add to it in densely populated apartments and close-knit neighborhoods by confining these particles inside homes, thus increasing the risk of exposure.

Coupled with a lack of awareness about (HP) and (BFL) in many primary care settings, and limited affordability of definitive tests like HRCT for the general population, leads to massive underreporting or misdiagnoses in the developing population of Pakistan. Many patients do not connect bird contact with their illness, and symptoms usually present like a common cold or asthma, leading to underdiagnosis. Casual or indirect exposures are often overlooked during history taking.

Treatment modalities usually focus on antigen avoidance and preventing progression to pulmonary fibrosis. It is recommended to remove birds from the home or workplace and thoroughly clean areas, including carpets, curtains, and ventilation systems, to remove residual antigen. Additionally, using a respiratory protection mask is advisable. Low doses of corticosteroids and supportive oxygen can help decrease

https://doi.org/10.63501/jv9ttx07

inflammation and improve symptoms in the early stages. Lung transplantation is, however, a strong consideration for patients with chronic and progressive HP that is unresponsive to medical therapy5.

The following is the suggested preventive strategy in order to prevent BFL from posing a significant healthcare burden in Karachi:

1. Safety Precautions

Wearing high-quality face masks when handling birds, changing clothes and shoes after bird handling, regular mopping to reduce dust, washing hands thoroughly after bird contact, and ensuring good ventilation at living places.

2. Community Engagement

Increasing public awareness about BFL causes, risks, and transmission, and implementing preventive measures through media campaigns, community outreach, engagement with medical professionals, and collaboration with social influencers to inspire community participation.

3. Policy Enforcement

The health administrative sector should implement regulations to prohibit feeding pigeons in public spaces and establish designated bird-feeding zones away from crowded areas, with penalties for non-compliance.

By implementing these measures, we can reduce BFL incidence and thus protect our citizens from the adverse effects of prolonged steroid therapy and prevent the already affected ones from progressing to a stage requiring lung transplant, a scarcely available treatment in Pakistan.

REFERENCES

1. Kila L, Sheikh J, Casserly B, Hazri S, Amin I. Advanced Imaging and Occupational History in the Diagnosis of Bird Fancier's Lung: A Case Report. Cureus [Internet]. 2025 Jan 16 [cited 2025 May 14]; Available from: https://www.cureus.com/articles/299298-advanced-imaging-and-occupational-history-in-the-diagnosis-of-bird-fanciers-lung-a-case-report
2. Balasubramaniyan M, Mathew JL, Vaidya PC, Sodhi KS, Singh M, Das A. Bird Fancier's Lung Disease in a Child with Chronic Respiratory Illness. Indian Pediatr Case Rep. 2021 Oct;1(4):274–7.
3. Expert warns of alarming rise in lung diseases linked to pigeon exposure [Internet]. [cited 2025 May 14]. Available from: https://www.thenews.com.pk/print/1307033-expert-warns-of-alarming-rise-in-lung-diseases-linked-to-pigeon-exposure
4. Hanak V, Golbin JM, Hartman TE, Ryu JH. High-Resolution CT Findings of Parenchymal Fibrosis Correlate With Prognosis in Hypersensitivity Pneumonitis*. Chest. 2008 Jul;134(1):133–8.
5. Chan AL, Juarez MM, Leslie KO, Ismail HA, Albertson TE. Bird Fancier's Lung: A State-of-the-Art Review. Clin Rev Allergy Immunol. 2012 Aug;43(1–2):69–83.