Access this article online
Quick Response Code:

Website:
https://eurasianjpulmonol.org
DOI:
10.14744/ejp.2026.47183

Reply to the letter to the editor: Pulmonary rehabilitation in hypersensitivity pneumonitis: A retrospective case series

Nazire Nur Yıldız[1], Meral Boşnak Güçlü[2], Nilgün Yılmaz Demirci[3]

ORCID:
Nazire Nur Yıldız: 0000-0001-5838-4869
Meral Boşnak Güçlü: 0000-0002-3861-9912
Nilgün Yılmaz Demirci: 0000-0001-6160-3778

We sincerely thank the authors[1] for their thoughtful and encouraging comments regarding our recently published case series.[2] We are grateful for their careful reading of our work and for highlighting key aspects of our study design and clinical approach.

Our individualized pulmonary rehabilitation (PR) protocols were deliberately structured to reflect real-world clinical practice for patients with hypersensitivity pneumonitis (HP) and were supported by comprehensive outcome measures to enhance clinical interpretability. As outlined in our report, the primary aim was to provide a structured, clinically applicable rehabilitation model to inform multidisciplinary management in this underrepresented population.[2]

Inspiratory muscle training was incorporated into our PR protocols, despite normal baseline values of inspiratory muscle strength, to preserve and enhance inspiratory muscle strength, which may decline due to the underlying pathophysiology of interstitial lung disease (ILD). Current evidence indicates that IMT improves inspiratory muscle strength and is associated with reductions in dyspnea, improvements in exercise capacity (e.g., 6-minute walk distance), and enhancements in oxygen consumption in patients with ILD.[3–6] These studies were not restricted to patients with respiratory muscle weakness, suggesting that the benefits of IMT extend beyond a purely deficit-based indication.[7] Because HP is a disease that can progress rapidly and result in early functional limitations, we expected that inspiratory muscle training would yield both physiological and clinical benefits. Given the limited pharmacological treatment options and the early functional deterioration in HP, rehabilitation gains are of particular importance in this pop-

[1]Department of Cardiopulmonary Physiotherapy, Niğde Ömer Halisdemir University, Bor Faculty of Health Sciences, Niğde, Türkiye, [2]Department of Cardiopulmonary Physiotherapy and Rehabilitation, Gazi University Faculty of Health Sciences, Ankara, Türkiye, [3]Department of Pulmonology, Gazi University Faculty of Medicine, Ankara, Türkiye

Address for correspondence:
Nazire Nur Yıldız, P.T., Ph.D.
Department of Cardiopulmonary Physiotherapy, Niğde Ömer Halisdemir University, Bor Faculty of Health Sciences, Niğde, Türkiye.
E-mail: nnur_yildiz_58@hotmail.com

Received: 24-02-2026
Accepted: 01-03-2026
Published: 04-05-2026

How to cite this article: Yıldız NN, Boşnak Güçlü M, Yılmaz Demirci N. Reply to the letter to the editor: Pulmonary rehabilitation in hypersensitivity pneumonitis: A retrospective case series. Eurasian J Pulmonol 2026;28:133-134.

ulation. In this context, structured PR, including IMT, may influence morbidity and mortality outcomes, and this should be systematically investigated in prospective studies. Continuous monitoring was maintained throughout the exercise sessions, and supplemental oxygen was administered when clinically indicated to ensure patient safety and to allow individualized adjustment of exercise intensity in patients with HP. The divergence between physical and psychological outcomes underscores the multidimensional nature of PR and the need to integrate psychosocial components into structured programs.

Furthermore, the functional improvement observed in a severely deconditioned patient provides preliminary support for the feasibility of individualized rehabilitation in advanced HP. Given the retrospective design, the small number of cases, the rarity of HP, and the limited availability of structured PR data in this population, conducting large prospective studies remains challenging. To our knowledge, this report represents the first case series specifically evaluating structured, individualized PR in HP. Recent evidence published within the last five years consistently supports the role of PR in patients with ILD, particularly in improving exercise capacity and health-related quality of life.[7,8] However, data specific to HP remain limited.[9,10] In this context, our findings provide preliminary evidence and establish a foundation for prospective and multicenter investigations.

This constructive academic exchange underscores a gap in the literature. It emphasizes the clinical importance of structured, individualized PR in HP, while reinforcing the need for continued prospective, multicenter research in this field.

Conflicts of Interest

The authors have no conflicts of interest to declare.

Funding

The authors declared that this study received no financial support.

Use of AI for Writing Assistance

Grammarly artificial intelligent writing assistance was used to improve language and readability. After using this tool, the authors confirmed reviewing and editing the article as needed. Authors takes full responsibility for the content of the publication.

Author Contributions

Concept – N.N.Y., M.B.G.; Design – N.N.Y., M.B.G.; Literature Review – N.N.Y.; Writing – N.N.Y.; Critical Review – N.N.Y., M.B.G., N.Y.D.

Peer-review

Internally peer-reviewed.

References

1. Sah A. Pulmonary rehabilitation in hypersensitivity pneumonitis: A retrospective case series. Eurasian J Pulmonol 2026;28:131–132.
2. Yıldız NN, Öymez BN, Yılmaz Demirci N, Boşnak Güçlü M. Pulmonary rehabilitation in hypersensitivity pneumonitis: A retrospective case series. Eurasian J Pulmonol 2026;28(1):53–63. [CrossRef]
3. Karadallı MN, Boşnak-Güçlü M, Camcıoğlu B, Kokturk N, Türktaş H. Effects of Inspiratory Muscle Training in Subjects With Sarcoidosis: A Randomized Controlled Clinical Trial. Respir Care 2016;61(4):483–94. [CrossRef]
4. Kaushal M, Ali MS, Sharma RK, Talwar D. Effect of respiratory muscle training and pulmonary rehabilitation on exercise capacity in patients with interstitial lung disease: A prospective quasi-experimental study. Eurasian J Pulmonol 2019;21(2):87–92. [CrossRef]
5. Hoffman M. Inspiratory muscle training in interstitial lung disease: a systematic scoping review. J Bras Pneumol 2021;47(4):e20210089. [CrossRef]
6. Aktan R, Tertemiz KC, Yiğit S, Özalevli S, Ozgen Alpaydin A, Uçan ES. Effects of home-based telerehabilitation-assisted inspiratory muscle training in patients with idiopathic pulmonary fibrosis: A randomized controlled trial. Respirology 2024;29(12):1077–84. [CrossRef]
7. Rochester CL, Alison JA, Carlin B, Jenkins AR, Cox NS, Bauldoff G, et al. Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med 2023;208(4):e7–26. [CrossRef]
8. Dowman L, Hill CJ, May A, Holland AE. Pulmonary rehabilitation for interstitial lung disease. Cochrane Database Syst Rev 2021;2(2):CD006322. [CrossRef]
9. Hamblin M, Prosch H, Vašáková M. Diagnosis, course and management of hypersensitivity pneumonitis. Eur Respir Rev 2022;31(163):210169. [CrossRef]
10. Barnes H, Troy L, Lee CT, Sperling A, Strek M, Glaspole I. Hypersensitivity pneumonitis: Current concepts in pathogenesis, diagnosis, and treatment. Allergy 2022;77(2):442–53. [CrossRef]