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ABSTRACT SUBMISSION

Title: Exposure to water-damaged buildings causes a readily identifiable chronic inflammatory response syndrome that is successfully treated by a sequential intervention protocol

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Abstract No. 1325

Title Exposure to water-damaged buildings causes a readily identifiable chronic inflammatory response syndrome that is successfully treated by a sequential intervention protocol.

Abstract Work from this center has shown that patients exposed to the interior environment of a water-damaged building with resident toxigenic fungi, confirmed by QPCR testing, suffer from a complex, multisystem multisymptom illness with reduced levels of regulatory neuropeptides MSH and VIP; elevated levels of TGF beta-1, C4a and MMP-9; abnormal regulatory of ACTH/cortisol and ADH/osmolality; presence of abnormalities in von Willebrand's profile; presence of increased autoantibodies to gliadin and cardiolipins; carriage of biofilm-forming, multiply antibiotic resistant coagulase negative staphylococci (MARCoNS); and suppression of normal findings in visual contrast sensitivity testing (VCS). HLA DR haplotypes showed relative risk >2.0 for 6 of 54 haplotypes. Here we present complete treatment data from 815 cases, with their ERMI results, compared to 132 controls. Sequential treatment protocols beginning with (1) removal from exposure, followed by (2) use of an anion binding resins (cholestyramine); (3) eradication of the MARCoNS; (4) elimination of gluten for those with antigliadin antibodies; (5) normalization of ADH/osmolality and ACTH/cortisol; (6) correction of MMP-9; (7) correction of C4a; (8) correction of TGF beta-1; and (9) replacement of VIP provided reduction of symptoms and VCS deficits to equal controls. Changing the order of intervention prolonged duration of illness. These data expand upon previously published material.

Approval Confirm