A 44-year old lady was seen in the respiratory clinic in late November, 1998 with an 8 month history of cough and breathlessness. There was associated lethargy but no wheeze and only minimal sputum production. Her GP had noted some chest crackles and treated with two courses of antibiotics with limited effect. She was previously fit and well, a non-smoker, and had kept a budgerigar for 3 yr.

Assessment in clinic confirmed the physical findings of bibasal fine inspiratory crackles in her chest and a chest radiograph showed fine bilateral nodular shadowing throughout both lung fields (Fig. 1).

A presumptive diagnosis of Bird Fancier’s Lung was made and confirmed by strongly positive precipitins to budgerigar serum and faecal antigen. Respiratory function testing showed a restrictive ventilatory defect with a marked reduction of gas transfer (46% predicted) and small lung volumes.

The unfortunate bird was 'removed' and the usual advice regarding rigorous cleaning of soft furnishings was given and adhered to.

Initially there was satisfactory improvement in her symptoms but 4 weeks later she deteriorated significantly with increasing cough and breathlessness. The possibility that ‘plucking the turkey’ had precipitated her decline was briefly entertained before a more plausible explanation became apparent! She had as usual brought out the artificial Christmas tree for the festive season; this had been placed in the same room as the budgerigar for the last 3 years over the Christmas period. It transpired that the bird was often free flying and regarded the tree as a favourite perch!

It seemed likely that some avian protein antigen had accumulated on the tree over the years and that this was the cause of her recurrent symptoms, she was therefore advised to give it a thorough shaking in the garden. This, combined with a course of oral prednisolone caused a substantial improvement in symptoms, and her gas transfer improved to 73% predicted by February, 1999.

Following a 4 week reducing course of prednisolone she continued to do well, her symptoms were well controlled and her gas transfer slowly improved. When reviewed in October of this year her gas transfer was 92% predicted and she was asymptomatic.

This case illustrates an unusual allergic reaction to ‘Christmas’ and although the budgerigar could not be present to enjoy the festivities at least the patient’s health was improved by the action taken.