

MOLD PART I - EXPOSURE, SYMPTOMS, & TESTING

Your Weekly Newsletter

by Dr. Nick Sieveking

February 9, 2026



Indoor mold is extremely common, especially in humid climates and old, poorly-conditioned buildings. Some people develop only mild symptoms, while others can experience persistent respiratory or inflammatory problems. Early identification and correction of moisture problems along with quick removal of exposure are the keys to preventing serious, long-term health consequences.

1) Common Areas of Mold Exposure

Four quick screening questions:

1. Do you notice a musty smell where you spend time, especially when the air conditioner turns on?
2. Do your windows or sills frequently collect condensation?
3. Is indoor humidity above 50%?
4. Do you see dark staining around vents, windows, baseboards, ceilings, or appliances?

If you answered yes to any of these, mold growth somewhere around you is possible.



The Most Common Moisture Sources

A. Water leaks from outside

- Roof leaks
- Window or flashing failure
- Clogged gutters
- Porous siding
- Concrete block foundation leaks

B. Slow interior leaks

- Plumbing leaks under sinks or toilets



- HVAC drain line leaks
- Chronic window condensation
- Appliance leaks (dishwashers, washing machines, refrigerators, ice machines)



C. Flooding or stormwater intrusion

Floodwater often carries organic material that feeds mold.

- Garage baseboards and cabinets
- Water wicking up drywall and insulation



- Moisture trapped under laminate flooring
- Porous concrete block foundations

D. High indoor humidity (>50%)



Moisture commonly accumulates on:

- Single-pane windows
- Door and window frames
- Bathroom ceilings
- Poorly ventilated closets
- Carpets and rugs

Tip: Use an indoor humidity meter (keep <50%) and have HVAC systems checked regularly.

E. HVAC systems

Air conditioning removes moisture that must drain to the outside properly.

Problems include:

- Clogged condensate drain lines
- Systems that fail to dehumidify properly
- Wet, dirty coils that grow mold



- Moisture inside ducts spreading spores



F. Basements and crawl spaces (“mold factories”)

These areas are cool, damp, and poorly ventilated.

- Groundwater seepage
- Poor exterior drainage
- Hidden plumbing leaks
- Unsealed dirt crawlspaces

**** Warm air rising can carry spores into living areas**



G. Carpet and carpet padding (a “mold sponge”)

- Carpet traps moisture and organic debris (skin, animal hair and dander, soil)
- **Spills, humidity, and leaks feed mold**
 - Dirt, skin cells, and pet dander become food sources for mold

Summary of Top 10 Hidden Mold Sources in Homes

1. HVAC moisture problems
2. Basements and crawlspaces
3. Hidden plumbing leaks
4. Window and door condensation
5. Roof leaks
6. Wet drywall and insulation
7. Carpets and padding
8. High indoor humidity
9. Behind cabinets and built-ins
10. Poorly ventilated attics



What's behind your drywall?

2) Symptoms and Health Effects of Mold Exposure

People respond very differently to mold. Some have no symptoms, while others experience significant reactions. Severity often depends on duration and intensity of exposure.



A. Common allergic and irritant symptoms

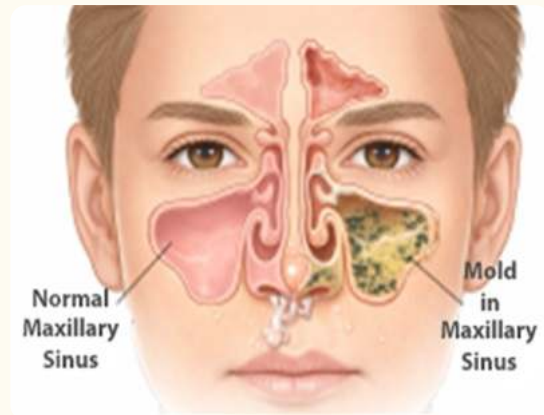
Most mold exposure causes:

- Nasal congestion or runny nose
- Cough, wheezing, chest tightness
- Skin irritation or eczema flares
- Development or worsening of asthma
- Itchy or watery eyes

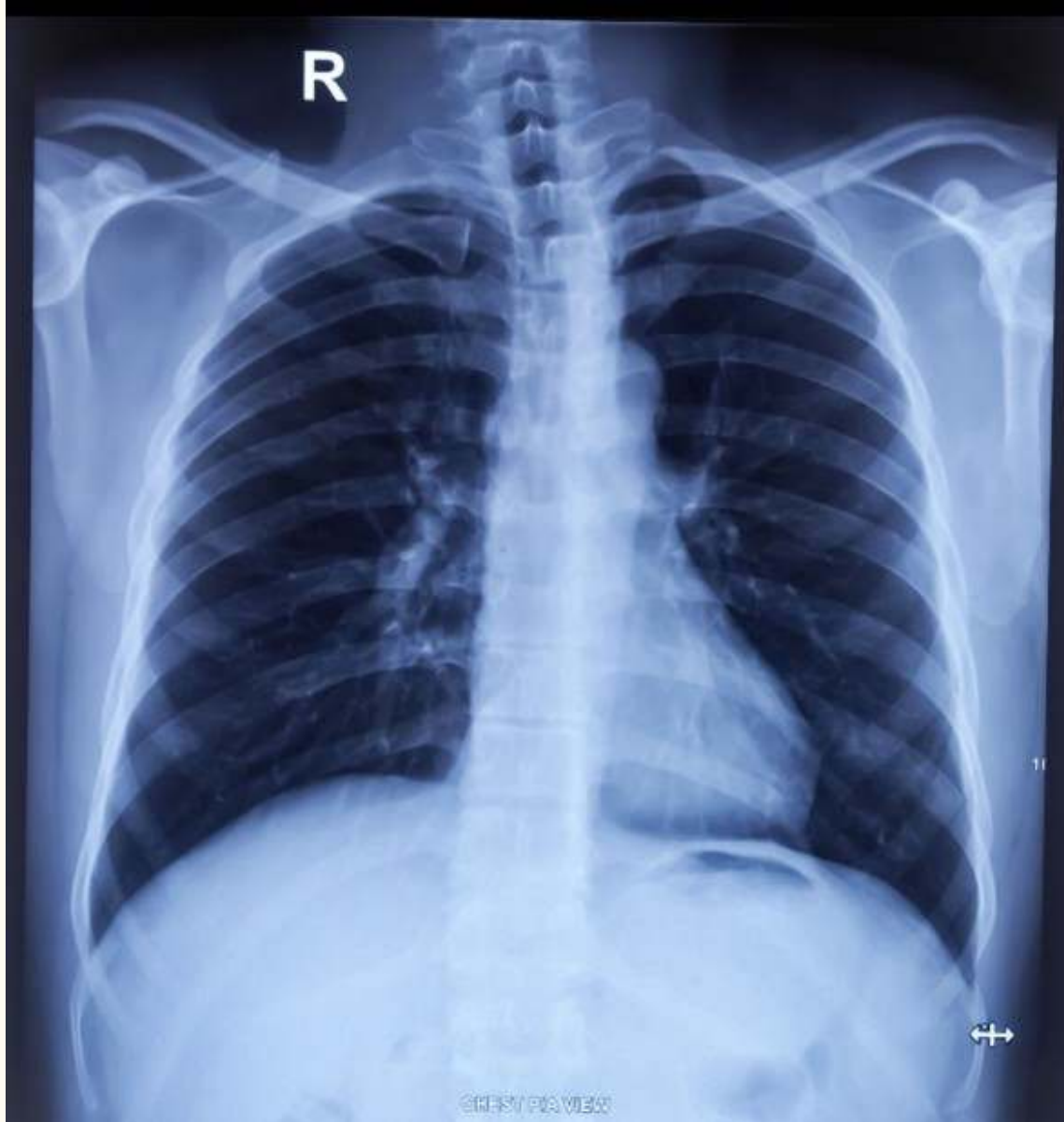
B. Possible long-term respiratory effects

With prolonged exposure, some individuals develop:

1. Chronic sinusitis or rhinitis
2. Chronic cough
3. Persistent airway irritation
4. New-onset asthma
5. Poor asthma control
6. Chronic bronchitis symptoms
7. Reactive Airways Dysfunction Syndrome (RADS)
8. Hypersensitivity pneumonitis
9. Chronic hypersensitivity pneumonitis
10. Pulmonary fibrosis (lung scarring)
11. Reduced lung function
12. Recurrent respiratory infections
13. Persistent airway sensitivity



Normal Chest X-Ray.



Chest X-Ray After Mold Exposure



C. Reactive Airways Dysfunction Syndrome (RADS)

Occurs after a large single exposure. Symptoms begin within 24 hours:

- Cough
- Wheezing
- Chest tightness
- Shortness of breath
- Sensitivity to cold air, smoke, perfumes

*Symptoms may last weeks to months.

D. Hypersensitivity Pneumonitis (HP)

An immune reaction to inhaled particles, including mold:

- Shortness of breath
- Cough
- Fatigue

Acute cases often improve once exposure is removed. Chronic exposure may lead to lung scarring.

E. Pulmonary Fibrosis

Permanent lung scarring that can develop after prolonged inflammation, including chronic HP.

F. Invasive Fungal Infection (Rare but Serious)

Primarily affects high-risk individuals:

- Organ transplant recipients
- Cancer patients on chemotherapy
- Chronic steroid use
- Poorly controlled diabetes
- Chronic lung disease patients

G. "Toxic Mold" Systemic Illness Concerns

Respiratory	Chronic cough or sinus congestion
Neurologic	Brain fog, memory difficulty, headaches, dizziness, mood changes
General	Fatigue, exercise intolerance, sleep problems
Immune-related	Increased infections, chronic inflammatory symptoms
Skin & Mucous Membranes	Rashes, eye irritation
Musculoskeletal	Joint and muscle pain
Gastrointestinal	Nausea, appetite changes

Testing the patient/exposed individual

1. Blood/serum testing

- Mold-specific **IgE antibodies**
- Indicates allergic sensitization to specific molds.
- Useful in people with:
 - Chronic nasal congestion
 - Asthma
 - Sinus symptoms
 - Wheezing or cough
- Shows allergy, not infection.
- Mold-specific **IgG antibodies**
- Shows past or ongoing immune exposure to molds.
- Elevated levels mean exposure occurred, but do not prove illness.
- General allergy markers
- **Total IgE levels** may be elevated in allergic individuals.

- **Eosinophil counts** may increase with allergic inflammation.
- Inflammatory markers—just show some source of inflammation exists
- **CRP**
- **ESR**
- **Cytokine** markers
- Fungal infection **Antigen** testing
- Used only when invasive infection is suspected
- **β-D-glucan** testing- fungal cell wall antigen
- **Galactomannan** testing- cell wall of *Aspergillus* (potentially deadly)

2. Urine mold testing

- **What is a Mycotoxin?** —A chemical/toxin made by certain species of molds. Can cause:
 - Irritation/inflammation of the airways and mucous membranes
 - Allergic-type symptoms
 - Organ damage- especially liver, kidney, and lung
 - Can damage the body's immune system and cause immune-related illnesses
- A way to detect **Mycotoxins** that have entered the body and are being excreted in the urine
- A positive result indicates that mycotoxin exposure has occurred at some point, and the body is eliminating these compounds.

3. Respiratory sampling tests-Used when lung or airway infection or colonization is suspected.

- Sputum culture--may detect fungal colonization or infection.
- Bronchoscopy with bronchoalveolar lavage (BAL)
- Fluid is collected from lungs during bronchoscopy to test for Mold & Yeast
- Requires Anesthesia

4. Tissue biopsy

Used when invasive fungal infection or hypersensitivity pneumonitis is suspected.

- Lung biopsy
- Sinus tissue
- Confirms fungal invasion of tissue.
- Helps distinguish infection from inflammation or scarring.

5. Nasal or sinus cultures

- Used in chronic sinus disease.
- Detect fungal colonization or infection.
- Helpful in chronic sinusitis not responding to treatment.

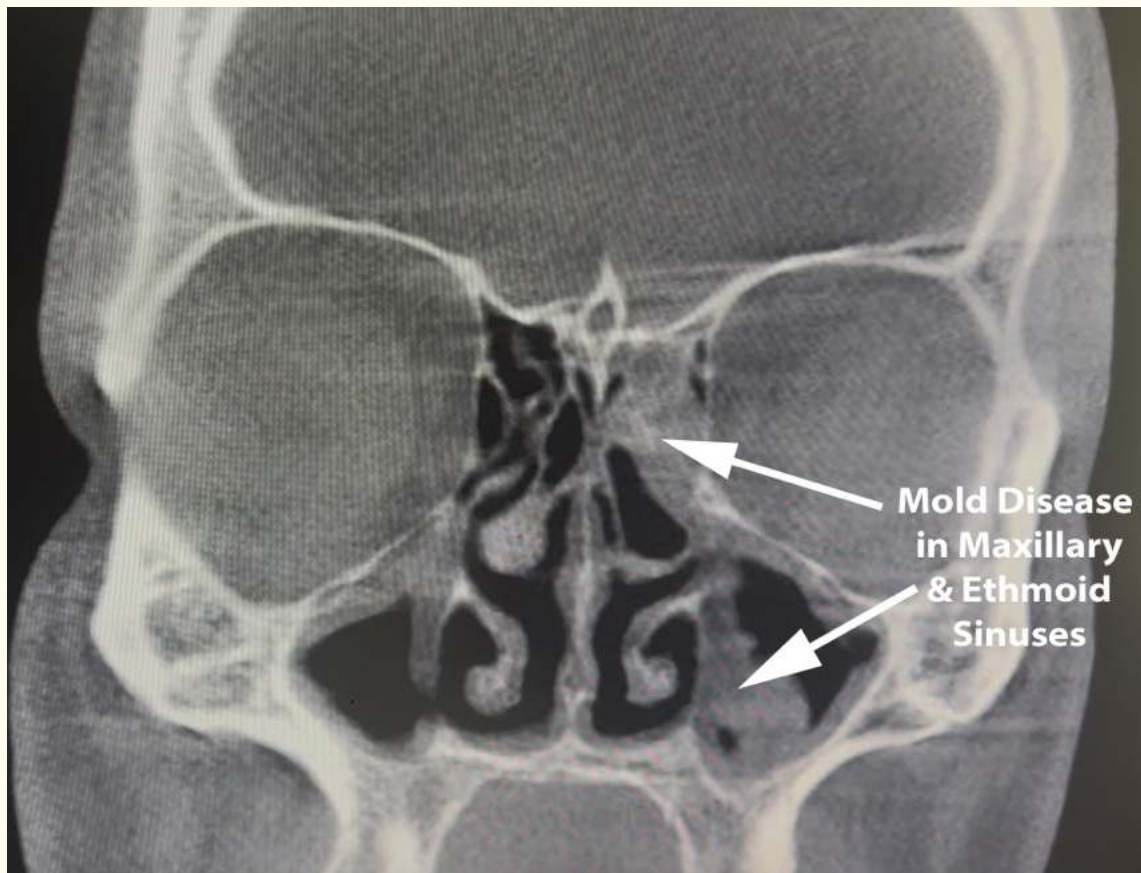
6. Pulmonary function testing (critical) measures:

- Airflow obstruction
- Restriction

- Gas exchange ability
- Helps identify:
 - Asthma
 - RADS
 - Hypersensitivity pneumonitis
 - Early lung injury

7. Imaging studies CT scan -- Used to detect fungal pneumonia, sinus invasion, abscesses, or lung scarring.

- Lungs
- Sinuses
- Brain
- Abdomen



Testing for the Presence of Indoor Mold

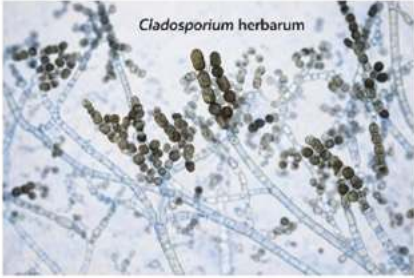
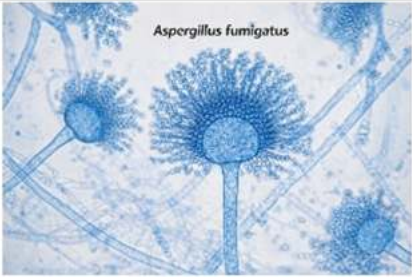
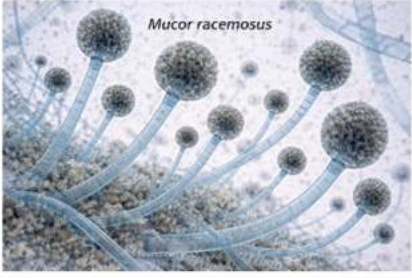
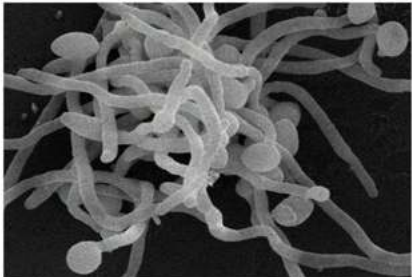
---Home/Indoor Testing

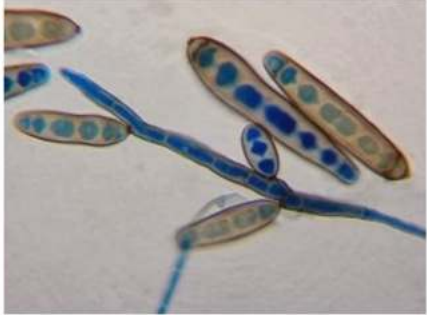
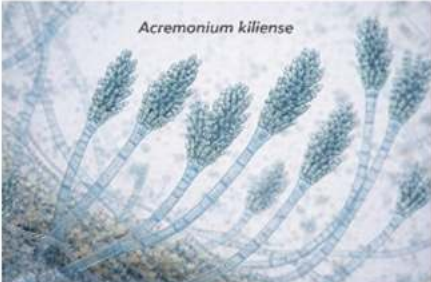
- Self-testing kit: **MyMoldDetective** (available online or at hardware stores)
- Professional testing (independent inspectors):

TennesseeMoldInspectors.com

(Use inspection services that do not also sell remediation help => avoid conflicts of interest.)

Various Mold, Fungal, and Yeast Species Found Indoors

Species	Typical Indoor Sources	Most Common Symptoms	Infection / Risk Notes
 <i>Penicillium chrysogenum</i>	Penicillium chrysogenum: Indoor air, settled dust, water-damaged materials	IgE-mediated allergy (allergic rhinitis, cough, asthma flares)	Very common indoor mold; invasive/systemic disease is uncommon
 <i>Cladosporium herbarum</i>	Cladosporium herbarum: Windows, sinks, HVAC ducts; easily colonizes indoor surfaces	Major aeroallergen causing allergic rhinitis and asthma exacerbations	Infection is rare; primarily an allergy driver
Species	Typical Indoor Sources	Most Common Symptoms	Infection / Risk Notes
 <i>Aspergillus fumigatus</i>	Aspergillus fumigatus: Indoor dust, HVAC systems, decaying organic material	ABPA in asthma patients; chronic pulmonary aspergillosis; invasive aspergillosis	High clinical impact in immune-compromised hosts (neutropenia, transplant, chronic lung disease); can be fatal
 <i>Mucor racemosus</i>	Mucor racemosus: Damp indoor materials, dust	Allergen; rare cause of mucormycosis	Low risk for healthy individuals; high risk with diabetes, asthma/COPD, transplant, or chronic steroid use
	Candida Albicans: Moist environments, sinks, drains, towels; areas of human contact	Oral thrush, vaginitis, IBS-like symptoms	Invasive candidiasis can be life-threatening in immunosuppressed individuals

Species	Typical Indoor Sources	Most Common Symptoms	Infection / Risk Notes
	Alternaria alternata: Damp indoor areas; often linked to water intrusion	Strong asthma- and rhinitis-associated aeroallergen	Infection uncommon; primarily an allergic trigger
	Stenoloma rostrata: Damp indoor environments	Allergic rhinitis, asthma, sinusitis	True invasive disease is rare but reported
	Fusarium proliferatum: Water-damaged materials, soil-tracked indoors	Opportunistic eye and skin infections	Can cause disease in the severely immune-compromised; produces clinically relevant mycotoxins
Species	Typical Indoor Sources	Most Common Symptoms	Infection / Risk Notes
	Epicoccum purpurascens: Damp indoor materials, dust	Respiratory allergy; hypersensitivity pneumonitis (HP)	Higher concern in diabetes, asthma/COPD, transplant, or chronic steroid use
	Stachybotrys atra: Chronically water-damaged building materials	Toxic & inflammatory effects (rhinitis, asthma exacerbation, dermatitis, fatigue, neurocognitive symptoms)	Environmental red flag ; indicates chronic moisture and requires remediation
	Acremonium (Sarocladium) kiliense: Damp indoor environments, soil-contaminated surfaces	Eye, skin, and nail infections	Opportunistic; more relevant in immunocompromised hosts

Clinical note: Most common mold and yeast organisms do not routinely cause invasive or systemic illness in otherwise healthy individuals. However, they can drive slow, insidious inflammatory disease—most commonly allergic rhinitis, chronic sinusitis, reactive airway disease, and asthma—and most likely contribute to broader multi-system symptoms such as irritable bowel syndrome,

cardiovascular disease, metabolic disease, and neuroinflammation, with potential long-term health consequences.

STAY TUNED!

Be on the lookout for next week's newsletter, "Mold Part II: Treatments".

[Newsletter Archives](#)

SPECIAL PROMO:

For a limited time we are offering a **FREE mold test** that reveals past and ongoing exposure to the most common indoor mold species. Call 615-678-7784 to book your appointment.

[Make Appointment](#)



- Reserve your appointment on **Friday, February 13**, between **11am - 3pm**. Limited spots!
- GLOW FACIAL: Dermaplane and Hydrating Mask or Glow Peel (beautiful glow with no downtime) PLUS complimentary red light therapy treatment for \$125
- PUCKER UP: celebrate your valentine with Kysse-able lips - 0.5mL syringe for \$350 or Botox lip flip for \$75

- Enjoy \$25 OFF Diamond Glow Facial and 30% OFF DEFY (Bio-regenerative face creme) & Bio-Kana (revitalizing night serum)
- Sips & light bites

Reserve Spot

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submitting referrals
to our weekly
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