Child with Chronic Cough (>3 weeks)

**Poor growth**
- Check height, weight, appearance
- Note timing of Cough (night? URTI?)
- Do Sweat chloride test & CXR
- Normal sweat chloride
- CXR: abnormal
  - Do Chest CT
  - Malignancy
    - weight loss, fever, night sweats, fatigue
    - Lymphoma most common
  - Structural abnormality (i.e. congenital malformation)
    - Unusual infections
    - Cough improves with antibiotics
  - Immune deficiency
    - Unusual infections
    - Cough associated w/ meals
    - Choking
    - Neurologic abnormality
  - Chronic aspiration
    - Cough associated w/ meals
    - Choking
    - Neurologic abnormality
  - TB
    - weight loss, fever, night sweats, fatigue

**CXR: non-specific**
- Environmental Exposure
- Immune aspiration
  - Cough associated w/ meals
  - Choking
  - Neurologic abnormality

**CXR: abnormal**
- Environmental Exposure
- Do Chest CT

**Normal Growth**
- Asthma
  - Night-time cough
  - Exacerbated w/ exertion/URTI
  - Clinical diagnosis, NO need to do CXD!
  - Do CXR
- CXR: Normal
- CXR: Abnormal
  - Do Chest CT
  - r/out neoplasms or congenital anomalies

**Environmental Exposure**
- Asthma
  - Night-time cough
  - Exacerbated w/ exertion/URTI
  - Clinical diagnosis, NO need to do CXD!

**Pertussis**
- Paroxysmal cough, w/ vomiting
  - No wheeze, no previous similar cough
  - (Childhood immunization is protective only to 14 yrs old!)

**Habit Cough: Diagnosis of EXCLUSION!**
- Loud, deep, vibratory cough
  - No cough when asleep
  - Originally triggered by infection, but became uncontrollable, triggered by “tickles” in the throat
  - Not psychiatric, not fake!
  - Follow-up important; watch out for red flags (sick-look, poor growth, sudden-onset)

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