

Child with Chronic Cough (>3 weeks)

→ Check height, weight, appearance
 → Note timing of Cough (night? URTI?)

Poor growth

Do Sweat chloride test & CXR

Cystic Fibrosis
 (HIGH sweat chloride: >30mmol)
 → Pancreatic insufficiency, malabsorption, smelly stools
 → Finger clubbing, nasal polyps

Normal sweat chloride

CXR: abnormal

Do Chest CT

Malignancy
 → weight loss, fever, night sweats, fatigue
 → lymphoma most common

Structural abnormality (i.e. congenital malformation)
 → Onset as neonate or in infancy

TB

→ weight loss, fever, night sweats, fatigue

CXR: non-specific

Environmental Exposure

Immune deficiency
 → Unusual infections
 → Cough improves with antibiotics

Chronic aspiration
 → Cough associated w/ meals
 → Choking
 → Neurologic abnormality

Asthma
 → Night-time cough
 → Exacerbated w/ exertion/URTI
 → If poor growth, asthma may be poorly controlled

Normal Growth

Asthma

→ Night-time cough
 → Exacerbated w/ exertion/URTI
 → Clinical diagnosis, NO need to do CXD!

Do CXR

CXR: Abnormal
 → Do Chest CT
 → r/out neoplasms or congenital anomalies

CXR: Normal

Environmental Exposure

Chronic Sinusitis or Post-nasal Drip
 → Nasal congestion/discharge
 → Sneezing
 → Worse in the morning + upon reclining
 → Persistent throat clearing
 → NO need for cough med!

GE Reflux
 → Heartburn
 → Waterbrash (regurge of sour fluid into mouth)

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)