

## Differential diagnosis of chronic cough in children: A simplified approach for the primary care settings

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### Abstract

Cough is a defense mechanism, but when it becomes persistent and troublesome, it must be carefully assessed. It has been estimated that the caregivers of children with persistent cough visit their family doctor five or more times before being referred to a specialized respiratory clinic.

Chronic cough, that is, cough persisting for more than 4 weeks, has a proven negative impact on a child's quality of life; it interferes with daily activities, sleep, and schooling and may involve frequent health care visits and long-lasting treatments. The 4-week definition has been the product of studies that analyzed the natural course of cough in children. It has been reported that in 90% of children presenting to primary care setting with an upper respiratory tract infection, the cough resolves.

Spontaneously within 25 days from the onset of the disease. On the other hand, Chang et al.9 studied 346 children with cough lasting for more than 4 weeks and found that the cough resolved spontaneously in only 13.9% of them; in the majority of cases, an underlying disorder such as protracted bacterial bronchitis (PBB), asthma, bronchiectasis, airway malacia, aspiration, and so on, could be identified.

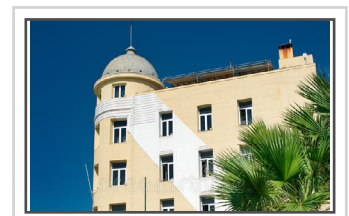
In such cases, the precise characteristics of the cough must be determined from the patient's history and a thorough examination along with appropriate first-line investigations. In the primary-care setting, the most common scenarios involving children with chronic cough include the isolated dry cough, the isolated wet cough, and the chronic cough accompanied by alarming symptoms and signs. Primary care physicians must be familiar with easy-to-remember management algorithms to be able to promptly provide the appropriate care for these patients.

Currently, there is a plethora of algorithms in the literature aiming to assist in the assessment of chronic cough in children; however, referring to complex flowcharts may be impractical for the usually busy primary care physician.

This presentation aims to provide a simplified tool of guidance to primary care physicians treating children with chronic cough. A basic approach to the most common causes along with hints to avoid common pitfalls in everyday practice is also presented

### Biography

Greg Chatziparasidis has completed his PhD on "the effect of MgSO<sub>4</sub> on airway smooth muscles" at the age of 30 from Thessaly University, Greece. He was trained as a respiratory fellow in paediatric respiratory medicine at the Brompton and Great Ormond Street Hospitals London, UK and spent 3 years as a leading paediatric pulmonologist in paediatric respiratory and allergy unit at Attikon University Hospital, Athens, Greece where was responsible among other duties, for the care of children with primary ciliary dyskinesia (PCD). He is currently involved in the establishment of PCD Unit at the University of Thessaly where he is the head of the paediatric section of the Unit. He is an official member of the European Respiratory Society with a number of publications and chapter writings (e.g. WHEEZING AS A RESPIRATORY SOUND in "BREATH SOUNDS from Basic Science to Clinical Practice", published by Springer). He is an external reviewer for paediatric respiratory journals (e.g. ERJ Open Research) and external expert evaluator for ERS proposals (e.g. OC-2018-2-23596).



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