

DOES THE CAUSE OF CHRONIC COUGH DEPEND ON THE DIAGNOSTIC APPROACH?

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Chronic cough is a common complaint. Although the main reasons of chronic cough are well known, it remains a diagnostic challenge. Further studies are still needed to improve the efficacy of chronic cough diagnosis and treatment. **Objectives:** We aimed to: 1) assess the prevalence of the different conditions listed as the potential causes of chronic cough in patients who were unsuccessfully treated by general practitioners, and 2) to compare the efficacy of two different diagnostic approaches:

- based on clinical data, basic diagnostic tests and empiric therapy versus
- based on clinical data and results of detailed examinations of cough etiology.

Material and methods: Eighty patients with chronic cough (>8 weeks) referred to a respiratory specialist after unsuccessful ambulatory treatment. The etiology of cough was determined either on an ambulatory basis or in the hospital setting. In all patients the obtained data included cough characteristics, history of smoking and concomitant treatment (e.g. ACE-inhibitors), chest X-ray and spirometry were performed. In the ambulatory group empiric treatment (H₂-antagonists, inhaled glucocorticosteroids or proton pump inhibitors) was provided, based on the most probable cough reason. Subsequent drugs were added or additional examinations performed, if the first therapy was ineffective. In the second group (hospitalized patients) additional tests included: metacholine challenge test, skin prick tests with common aeroallergens, induced sputum for eosinophil count, ENT examination, sinus CT scans, videolaryngoscopy and 24 hour-esophageal pH monitoring. Specific treatment was initiated on a basis of the results of these studies. **Results:** Both groups consisted of 40 patients, mean age 52 years, F/M 67/13 (34 vs. 33 women in ambulatory and hospitalized group, respectively). Mean cough duration exceeded 4 years. The most common reasons of cough were gastroesophageal reflux disease (GERD) in 27 vs. 32 pts in the ambulatory and hospitalized group respectively, upper airway cough syndrome in 19 vs. 23 pts, asthma in 12 vs. 11 pts. Nonasthmatic eosinophilic bronchitis (NAEB) was markedly more frequent in the hospitalized group (18 vs. 2 pts in "out-patient"). In few cases cough of other origin was diagnosed. More than one reason of chronic cough was recognized more often in hospitalized than ambulatory group (34 v 22 pts, respectively). **Conclusions:** The main causes of chronic cough were gastroesophageal reflux disease and upper airway cough syndrome. The prevalence of cough due to GERD was higher than observed by other authors. An extensive diagnostic approach allows to recognize NEAB more frequently and reveals the complex nature of chronic cough in the individual patient.