

GASTROESOPHAGEAL REFLUX DISEASE AND COUGH - LUNG FUNCTION TEST FINDINGS

**Pirogowicz Iwona, Rudnicki Jerzy, Żurek Grzegorz, Nitsch-Osuch Aneta,
Pawlas Krystyna, Życińska Katarzyna**

Department of Hygiene and Department of Minimal Surgery and Proctology, Wrocław University Medicine, Wrocław; Department of Biostructure, University School of Physical Education; Wrocław; Department of Family Medicine, Warsaw Medical University, Warsaw, Poland

Cough is a common cause of consultation in the outpatient asthmology clinic. Yet cough occurs in many diseases, not limited to the respiratory system and the effectiveness of therapy relies on the differential diagnosis. One method of diagnosis is to perform respiratory function tests, especially the flow-volume loop which allows for the diagnosis of ventilatory disorders such as obstruction or restriction. Gastroesophageal reflux disease usually runs as a set of symptoms: chest pain, heartburn, sore throat, hoarseness, dental erosion, and quite often paroxysmal cough. The aim of this study was to evaluate spirometric tests in patients with gastro-oesophageal reflux, who were consulted in the outpatient asthmology clinic. We studied 83 patients (57 men and 26 women) with symptoms of paroxysmal cough in whom a reflux was found during an endoscopic assesment. All patients performed lung function spirometric tests. The results were referenced to the predicted values and compared with those obtained in the group of healthy subjects (chi square test). The tests failed to reveal an impairment of ventilation in 75 patients with gastro-oesophageal reflux, despite the onerous cough they had. In the remaining 8 patients there were signs of mild abnormalities of the obstructive type, but these patients had had hypersensitivity to pollen or another form of asthma in the past. In conclusion, severe dry cough does not cause significant disturbances in ventilation in patients with gastro-oesophageal reflux.