

Editorial

Persistent Undiagnosed Cough - A Headache for Family Physicians

Undiagnosed cough is a very difficult problem for a family physician to handle. Needless to say that if any cough persists for more than 2-3 weeks (in case of first attack in lifetime), an X-ray of the chest must be asked for. I have seen a number of patients, where because of their so called excellent health or high social status, and in absence of symptoms of loss of appetite and weight, the X-ray chest has not been asked for by the family physician. In such cases, rarely the diagnosis of Pulmonary Koch's produces an embarrassing situation for the doctor.

If the patient is a smoker, the symptom of chronic cough should be treated as COPD even if the X-ray Chest is absolutely normal. History of associated nasal allergy and allergy to a number of other factors would pin point to the diagnosis of Asthma as being the cause of cough.

Very often the family doctors do not see the throat with the help of a powerful torch and a tongue depressor to rule out cough due to post nasal discharge. This cough is present when the patient goes to bed at night. In fact, in patients having a tracheo-bronchial type of cough, using nasal spray is one of the additional treatments to control cough, even though the patient does not complain of nasal symptoms. The other causes of cough with difficult diagnosis are:

1. In middle aged and elderly persons, specially those who are in their 80s and 90s, when they complain of cough on lying down, especially after dinner the diagnosis of lax hiatus should be made. So common is this complaint that in any difficult patient having uncontrolled cough, it is always safer to add omeprazole - even in a case of viral tracheobronchitis.
2. It is also worth noting that some patients, who are being treated as COPD, have in addition, cardiac failure, which calls for supplemental treatment. Any patient having cardiomegaly can develop cough due to Left Ventricular Failure (LVF). This diagnosis is more often made on X ray chest, which shows a typical picture of LVF.
3. In elderly people, especially those who are smokers, nothing other than CT scan of chest and bronchoscopy should be asked for to exclude malignancy of the lung.
4. Sometimes patients having early pleural effusion also complain of cough, and small effusions may be diagnosed by sonography only, rather than X-ray chest.
5. Iatrogenic Causes: Use of ACE Inhibitors can cause cough in patients.
6. Presence of enlarged glands in the mediastinum is another cause of cough, which can be missed on X-ray chest.
7. Interstitial Lung Disease (ILD) is a cause of chronic cough and can be easily missed on a poor X-ray chest but High Resolution CT Scan (HRCT) will pick up the disease.
8. Tropical eosinophilia and other conditions of the lung like allergic vasculitis can be suspected when the eosinophil count is very high.

And finally, on page 49 Prabhudesai et al from Lilavati Hospital, in this issue, bring out a very important cause of undiagnosed cough, namely a "foreign body", which is not often thought of by the family physicians specially when the patient is an adult. In our country, the way in which people eat peanuts, or the way in which they eat quickly, it is not surprising that Prabhudesai et al have seen betelnuts, seeds of chickoo, custard apple and tamarind as foreign bodies even in adults. Even pills and tablets could be thought of especially in people, who swallow their drugs after a heavy drinking bout. In children the list is much longer. The fact is that Prabhudesai should be congratulated for bringing out the point-that in a patient having undiagnosed cough, bronchoscopy should be asked for to exclude a foreign body and most of the foreign bodies can be removed at the same sitting. For our readers Prabhudesai et al's collection of photographs of foreign bodies will be a feast for their eyes. No Indian physician, who has read this article, will in future ever miss the diagnosis of foreign body in the lung.

INSECTICIDE-TREATED BEDNETS IN KENYA

'The Kenyan programme for insecticide-treated bednets shows impressively that diversity is good and that the recent call for a single approach to distribution of bednets might be unfounded'

When delivered outside experimental settings as part of national programmes, the impressive results obtained with insecticide-treated bednets (ITNs) in efficacy trials might be constrained by factors such as lower coverage and poor compliance. Greg Fegan and colleagues assessed the effect on child survival of a combined approach of social marketing and free distribution of ITNs in Kenya that has resulted in a rapid increase in ITN use by children aged less than 5 years since 2004. ITN use was associated with a striking 44% reduction in mortality, which corresponds to about seven deaths averted for every 1000 ITNs distributed. In a Comment, Christian Lengeler and Don deSavigny state that Fegan and colleagues' study provides evidence that use of ITNs is a major child-survival intervention in malaria endemic settings in sub-Saharan Africa.

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