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Diana's Story: Clinical Presentation of Chronic Cough

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Diana:

I've had a dry cough for several years. I've seen so many doctors and tried so many things, but my cough just won't go away. When I'm with family or friends, I have to explain that my cough isn't contagious.¹

Dr. Dicpinigaitis:

Hi, I'm Dr. Peter Dicpinigaitis. I see patients like Diana frequently, each with a unique story, but generally with a common clinical presentation, chronic cough. Chronic cough is a cough lasting greater than eight weeks in adults, which can persist for months or years and is often associated with underlying conditions.²⁻⁴

Some patients may have refractory or unexplained chronic cough. Refractory chronic cough is a type of chronic cough that persists despite identification and appropriate treatment of an underlying condition or conditions.⁵

Unexplained chronic cough is a type of chronic cough with no underlying etiology identified despite a thorough diagnostic workup.⁵ Diana is a typical patient with chronic cough. Let's review her case together.

Diana:

I have these uncontrollable coughing fits.⁶ It starts with a tickle in my throat. I feel like I have to cough.⁶ I never know what will trigger it, talking, laughing, exercise, or strong smell.⁷

Dr. Dicpinigaitis:

The characteristics of Diana's cough are not uncommon.^{6,7} She describes her cough hypersensitivity, which is characterized by increased cough responses or decreased thresholds to various types of stimuli.^{7,8} After fully assessing the characteristics of Diana's cough and confirming that her physical exam is normal, her medical history should be reviewed, including evaluations for potential underlying conditions commonly associated with chronic cough.²

The CHEST Expert Cough Panel published clinical guidelines which include guidance for the management of chronic cough.² The process of assessing chronic cough includes excluding life-threatening conditions and evaluating potential underlying conditions.² Diana has been assessed for four underlying conditions commonly associated with chronic cough, using appropriate diagnostic procedures and treatments.² The results of these investigations were suggestive of underlying asthma, which may be associated with her chronic cough.

Diana:

One doctor thought my cough might be related to asthma. So we tried two months of asthma treatment. That reduced my cough a little, but did not eliminate it entirely. My doctors have run so many tests and tried different treatments, but my cough is still here.

Dr. Dicpinigaitis:

Because Diana's cough persisted despite appropriate treatment of her underlying asthma and thorough investigation of other potential underlying conditions, I would diagnose her with refractory chronic cough, or RCC.⁵ Systematic investigation of underlying conditions,

using the CHEST guidelines, is a critical component when considering conditions like RCC in patients like Diana.²

Thank you for joining us to discuss an example of a clinical presentation and assessment of chronic cough.

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References

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