

Cough is a reflex which comes to dislodge foreign material and secretions from the central airway.

Pathophysiology

Inspiration followed by expiration against closed glottis.

Sudden opening of the glottis with rapid expiratory flow

↓
Produce the characteristic sound.
Cause → Can be acute or chronic.

Origin:

- Oropharynx:
- (1) Pharyngitis → Post nasal dripping → Chronic rhinitis
 - (2) Larynx
Laryngitis → voice or swallowing difficulty.
Croup → Stridor.
Whooping Cough → Paroxysmal cough.
Tetanus → Hard or painful cough.
 - (3) Trachea
Tracheitis → Raw retrosternal pain with cough.
 - (4) Bronchi
COPD → Cough with expectoration, < morning.
Asthma → Dry < night.
Bronchiectasis → Thick layer sputum.
 postural sputum.
Eosinophilic bronchitis → Features like asthma
but no hypersensitivity.
Lung Cancer → Persistent with Hemoptysis.
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- ⑤ Lung Parenchyma: ^{Red Rusty}
 Pneumonia → Dry Initially, Productive later.
 Tuberculosis → Productive, Hemoptysis,
 Pulmonary → 2 night, Pink frothy
 edema sputum.
 Interstitial → Dry and distressing.
 Fibrosis

- ⑥ Drug side effects:
 ACE inhibitors → Dry Cough.

- ⑦ Aspiration:
 - GERD → History of acid reflux,
 Hiatus hernia, obesity.

Questions to be asked

- Duration
- Sputum → Colour, Consistency
- Triggers
- Smoking history
- Other complaints - wheeze, stridor
- Heart burn, voice
- Drug history

Investigation?