THE FLEXIBLE BRONCHOSCOPY FINDINGS OF CHILDREN WHO HAVE CHRONIC COUGH

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Coughing is a common symptom in childhood. The cough lasts for over 4 to 6 weeks and also which makes patient, the family and doctor feel discomfort is called chronic cough. Although in childhood it is mostly related with viral infections; if this cough lasts long and repeats, it has to be investigated. After a detailed history and physical examination, distinctive studies have to be made. The purpose of this study is to evaluate the patients, which have been made flexible bronchoscopy because of chronic cough, by their clinical, laboratory and bronchoscopic findings.

Method: In this study we take 23 patients with chronic cough; which are examined between January 2002 and December 2006. Patients have cough for over 4 to 6 weeks, don’t have specific chest X-Ray findings, gastroesophageal reflux and problem with their immunologic system and because of all these reasons they have been made bronchoscopy. The patients files are analyzed retrospective way by their demographic, clinical and bronchoscopic findings.

Results: The study consist of 23 patients: 12 males and 11 females. The ages of the patients vary between 1 and 13.8 years. The mean age is five. All patients’ radiological findings were normal. When it is observed with flexible bronchoscopy ten patients have abnormal findings. Two patients have foreign body aspirations and granulation tissues in their left main bronchus, two have tracheal dyskinesia, three patients have hyperemia and secretions which are probably related with infection, one has white lesions in trachea which is considered to be made by fungus infection, and two have bronchial abnormalities.

In seven patients’ bronchoalveolar lavage microorganism grew. Three have Haemophilus influenzae, one has Moraxella catarrhalis, one has alfa haemolytic streptococcus, one has Streptococcus pneumoniae, one has Haemophilus parainfluenzae, Streptococcus pneumoniae, Pseudomonas aeruginosa. And there is a patient who has been using inhaled steroid has Haemophilus influenzae and also Candida albicans.

3 patients have macrophage with lipids. And two patients whose previous gastroesophageal reflux scintigraphys were negative then found in our study positive. The anti reflux treatment later were given to them. And three of the patients considered as habitual cough.

Conclusion: Although flexible bronchoscopy is an invasive technique; it evaluates respiratory system’s functional, anatomic characteristics well and it is a valuable technique in finding the etiology of chronic cough.