

(See page 40)

One

Q1 a) c) e) Coughs and colds in children last for longer than one might think. For example, cold symptoms last for 15 days in children. Chest Xrays in children who are not obviously otherwise ill are rarely useful in making a diagnosis of cough, in the absence of 'red flags' (see Q 4!). There are times when an Xray, a full blood count and quantitative serum immunoglobulin tests may help to reassure parents, but they are best applied only when there is doubt about the diagnosis. The dose of radiation in a single chest Xray is negligible.

Two

Q2 a) b) d) f) Persistent bacterial bronchitis was the most common cause of moist coughs lasting for more than 3 weeks in a study of 108 children, so it is important to keep this in mind when dealing with a lasting cough. Asthma can present with persistent cough in children but in fact it is rare – it is commoner in older children and adults. Palpation in young children (holding the flat hand against the chest while the child coughs or asked to forcibly breathe out), can sometimes be the only way to detect collections of secretions in the chest.

Three

Q3 a) b) c) e) Finger clubbing is often missed in children, yet it is a key pointer to chronic lung disease even in the absence of other signs.

Four

Q4 a) b) c) d) e) f) g) h). All of these signs suggest there may be serious respiratory tract disease that needs further investigations. The high lymphocyte count has been added as a red herring – what matters is a low lymphocyte count, that may point to an immune disorder. Bharti's chest was clear, and all that was needed was reassurance, and a total white cell count. That was normal. Her mother agreed that a chest Xray was not necessary, and within a further two weeks her daughter was back to her normal self.

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