

Respiratory infections in children (answers on page 34)

Part one

Acute respiratory infections in children account for a considerable proportion of family practice consultations, and most of them need only assurance for the parents that there is nothing seriously wrong and the child will soon recover. Our difficulty as family doctors is to spot the 'chesty' child whose underlying illness is more serious and needs further investigation and specialist treatment. Bharti, a ten-year-old girl, may be one of these exceptions (or not!). Her mother has brought her to you worried that she has had a cough, unusually for her, for 20 days. Although she seems otherwise well, her mother is worried about the length of her symptoms.

- Q1 Which of the following statements are correct for children's coughs?**
- (a) Acute cough usually takes as long as 25 days to resolve
 - (b) Common cold symptoms last for six days
 - (c) Recurrent acute cough with cough-free intervals for at least a week between bouts are simply caused by viral colds, and rarely anything more serious
 - (d) A chest X-ray is important for children who have recurrent coughs even if there are no signs of illness on examination
 - (e) An X-ray should not be used simply to reassure parents worried about their coughing child

Part two

- Q2 Many children with chronic or recurrent coughs are healthy and no cause is found. Which of the following statements are correct about recurrent chest infections?**
- (a) Intermittent 'wet' coughs without any chest symptoms on auscultation and palpation are not chest infections but repeated viral colds
 - (b) Environmental factors, such as passive exposure to tobacco or even vaping fumes, may contribute to recurrent infection
 - (c) Persistent bacterial bronchitis is a very uncommon cause of moist cough lasting more than 3 weeks
 - (d) Among causes of persistent moist cough are bronchiectasis and pertussis – even in countries where pertussis vaccination has a high uptake
 - (e) Cough-variant asthma is very common in young children
 - (f) Palpation is as important as auscultation in deciding on whether or not there is a lung infection

Part three

- Q3 In considering how to manage a child with chronic cough which of the following are key points in your decision?**
- (a) A dry cough with no physical signs of infection or lower respiratory disease is highly unlikely to hide a serious illness
 - (b) A moist cough lasts longer in children than in adults largely because young children rarely expectorate sputum
 - (c) A continuous daily productive-sounding cough for more than four weeks needs investigation as it suggests underlying disease
 - (d) Finger clubbing in children is less important as a sign of illness than in adults
 - (e) In a small child parents may not realise that an inhaled foreign body has been inhaled

Part four

- Q4 What among this list are red flags that mean that the child should be referred onwards?**
- (a) History of choking when coughing
 - (b) History of breathing distress from the first day of life
 - (c) Fever
 - (d) Loss of weight
 - (e) Lethargy
 - (f) Slowing of growth
 - (g) 'Crackles' in the same place on several examinations
 - (h) Family history of a genetic disorder
 - (i) A high lymphocyte count



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