MedicineHx - Respiratory System

History of "cough and its products"

A. Overview:

- Cough is mechanical reflex that involves a deep inspiration, which increases lung volume, followed by muscle contraction against a closed glottis; and then sudden opining of the glottis. History and physical examination are paramount in the diagnosis of cough.
- First, seek potential alarm features that could represent serious illness .second, determine the duration of the cough to narrow the differential diagnosis

B. Differential diagnosis:

DDx	What support this diagnosis?
Respiratory	
Asthma	Risk factors: family history of asthma Typical Symptoms:thick mucous secretion related to an allergic condition,worse at night, cough associated with wheezing Complication:pneumonia, respiratory failure, status asthmaticus
Bronchiectasis	Typical Symptoms: Cough with excessive chronic sputum production, worse with time – when lie down
COBD	Risk factors: significant smoking history Typical Symptoms: shortness of breath with exertion and during sleep Complication: Lung cancer
USCS	Characterized by abundant secretions from the upper respiratory tract that drip into oropharynx and tracheobronchial tree ,causing cough . previously known as "postnasal drip syndrome"
Bronchial cancer	Risk factors:smoking Typical Symptoms:loss of appetite, weight loss, cough frank blood
Gastrointestinal	
GERD	Typical Symptoms: heartburn, eating particular food make coughing, dry cough Complication: esophagealulcer, Barrett's esophagus, esophageal stricture
Hemoptysis	DDX:Bronchiectasis, Bronctitis, lung cancer, pneumonia, TB, cryptogenic, alveolar hemorrhage syndrome (ANCA- associated vacuities, SLE, Goodpastur's syndrome, crack Cocaine inhalation.

^{*} COBD=chronic obstructive pulmonary disease * GERD= gastroesophagal reflex disease

^{*} **USCS**= upper airway cough syndrome

C. Questions to Ask the Patient with this presentation:

Questions	What you think about!		
Time course			
How long have you been coughing for?	Acute (<3 weeks duration): Common cold, sinusitis Pneumonia (fever), bronchitis, exacerbation of COBD Chronic (>8 weeks duration): Asthma, UACS, GERD, COBD,Bronchiectasis,Carcinoma of the lung, Interstitial lung disease, lung abscess,Drug(ACEInhibitors) Cardiac failure		
Is this cough worsening over time?	Bronchitis /asthma/congestive heart failure/ lungcancer/bronchiectasis		
Has your cough lingered after recent cold of flu?	Post infectious cough ,UACS		
Is your cough worse during a particular season?	UACS ,ashma		
Quality			
Do you have dry cough?	ACE (angiotensinconverting enzyme) inhibitors ,B-blockers		
Do you need to clear your throat frequently?	Allergic rhinitis or nonallergic, UACS		
Do you cough up any sputum?	Sputum look purulent or green yellow: Pneumonia,bronchitis, exacerbation of COBD,Bronchiectasis,TB,USCS sputum look clear and whitish: Asthma, UACS, bronchitis, smokers cough purulent sputum with foul odor: Pneumonia, Bronchiectasis, lung abscess		
Associated symptoms			
Do you get shortness of breath with exertion?	pneumonitis, COBD, Asthma, congestive heart failure		
Is your cough associated with wheezing?	Ashma ,congestive heart failure		
Do you have associated hoarseness?	GERD, chronic laryngitis, laryngeal nodules ,UACS		
Do you have frequent heartburn?	GERD		
Do you have chronic badbreath?	Chronic sinusitis		
Do you sleep more than one pillow?do you weak up choking or short of breath?	GERD, congestive heart failure, COPD, Obstructive sleep apnea		
Modifying factors Does everging cold air or pollen make it worse? Allergic rhinitis IIACS Asthma			
Does exercise ,cold air or pollen make it worse?	Allergic rhinitis,UACS, Asthma		

Does your cough worsen when you lie down?	UACS/GERD/ congestive heart failure/bronchiectasis/acute bronchitis
Does your cough worse at night?	Asthma, GERD, congestive heart failure
Is your cough precipitated by changes in position?	congestive heart failure/bronchiectasis
does your cough improve with over-the-counter antihistamines?	Allergic rhinitis/ UACS
Have you started any new medications?	ACE (angiotensin converting enzyme) inhibitors, B-blockers
If hemoptysis there	
Do you have scant to moderate hemoptysis with increase sputum production?	Bronchitis
Do you have hoarseness? Do you have personal HX of cancer? Do you smoke? If so, how much?	Cancer
Have you had sever or recurrent pneumonia or TB? Do you chronicallyproduce large amount of purulent sputum?	Bronchiectasis
Do you have fever?	Lung abscess, pneumonia
Do you have acute chest pain with dyspnea? Do you have hx of immobilization or surgery?	Pulmonary embolism or infract
Do you have hemeturia, sinusitis, otitis or skin lesions?	ANCA- associated vacuities
Have you had TB in the past? Have you been exposed to patient with active TB? Are you (HIV) positive?	Tuberculosis
Past medical and surgical history; do you have history	of
Cancer?	Primary or metastatic lung cancer
DVT or PE?	Anticoagulant- related bleeding Pulmonary embolism or infract
Cardiovascular disease (valvular or ischemic heart diseases or CHF)	Anticoagulant- related bleeding
Hemoptysis with exertion?	Mitral stenosis
Chronic liver diseases?	Cougulopathy, thrombocytopenia, upper gastrointestinal bleeding
Peptic ulcer diseases?	Upper gastrointestinal bleeding
Renal diseases ?	ANCA- associated vacuities Goodpastur's syndrome ,SLE

Transplantation? HIV?	Bacterial, fungal or mycobacterial pulmonary infection Bacterial, fungal or mycobacterial pulmonary infection Kaposi sarcoma		
Bleeding tendencies?	Coagulation disorders		
COBD?	Lung cancer		
OTHERS			
Have you recently traveled to countries where TB is endemic?	Tuberculosis		
Do you use injection drug ?	Infection (endocarditis) Cocaine induced – alveolar hemorrhage Cocaine induced –Pulmonary infract		
Have you had recent bronchoscopy or pulmonary surgery?	Iatrogenic		
Do you any occupational exposures?	Exposure to toxic inhalants		

D. Systematic Review: Go to Medicine – Hx – "General" topic!

*References:

https://www.us.elsevierhealth.com/media/us/samplechapters/9780702030833/9780702030833_3.pdf

http://www.healthdirect.gov.au/complications-of-asthma

http://www.mayoclinic.org/diseases-conditions/gerd/basics/complications/con-20025201

http://www.rnceus.com/resp/resphx.html (very useful)

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