

COMMENTS ON: PROLONGED COUGH PRESENTING WITH DIAGNOSTIC DIFFICULTY: A STUDY OF AETIOLOGICAL AND CLINICAL OUTCOMES

Dear Sir,

I read the recent publication, "Prolonged cough presenting with diagnostic difficulty: a study of aetiological and clinical outcomes"⁽¹⁾ with great interest. In their study, Poulouse and Bin Mohd used the negative history of heartburn and acid regurgitation to determine the absence of gastroesophageal reflux (GER) disease. However, as documented by Irwin,⁽²⁾ 43% of patients with chronic cough (that either improved or completely ceased with GER therapy) denied heartburn and/or a sour taste in their mouth, both of which are the classical indicators of occult GERD. Kiljander et al also noted that 28% of patients with chronic cough that resolved with anti-reflux treatment also did not experience these classical GER symptoms.⁽³⁾ In another study, Irwin reported that GER remained clinically asymptomatic in three-quarters of GER-related chronic cough patients.⁽⁴⁾ Therefore, many patients who actually had GER may have leaked into the study group of Poulouse and Bin Mohd. One other important point I would like to highlight is that the study did not provide any information about the duration of empiric therapy for GER, as well as the cut-off time at which symptom resolution was evaluated after therapy. These are important, as although cough resolution usually occurs within two weeks of proton pump inhibitor therapy, it may take up to more than 50 days in some patients.^(5,6)

In conclusion, although GER is one of the most common causes of chronic cough, it can be clinically silent in the majority of patients with GER-related chronic cough. The absence or presence of GER symptomatology alone should not determine the diagnosis of GER when evaluating patients with chronic cough. It should be kept in mind that symptom resolution may take longer when GER therapy is started empirically in a patient with chronic cough.

Yours sincerely,

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