

AUTHOR'S REPLY

Dear Sir,

As the author of the letter 'Chronic cough: a myriad of aetiologies'⁽¹⁾ rightly pointed out, the list of aetiologies for chronic cough is an exhaustive one. As mentioned, vitamin B₁₂ deficiency was found to be the cause of unexplained cough in a recent study from Italy.⁽²⁾ Also, pertussis (usually presenting atypically) can lead to subacute cough in adults, even if they had been vaccinated as children.

Unfortunately, international cough guidelines are aimed to help diagnose only the common and less common causes of cough. For the patient whose 'more common' causes of cough have been ruled out, further work-up (e.g. computed tomography of the thorax and bronchoscopy) would be left to the discretion of the individual physician. However, we would like to comment on some of the points brought up in the letter. Although several drugs (nonsteroidal anti-inflammatory drugs, aspirin, inhaled agents, certain antibiotics) have been implicated in the pathogenesis of chronic cough, angiotensin-converting enzyme inhibitors remain by far the commonest group.⁽³⁾ Routine bronchoscopy in the evaluation of isolated cough has not been shown to improve the diagnostic yield.⁽⁴⁾

Heart failure can produce chronic cough, but is an unlikely possibility in a patient with a normal chest radiograph and physical examination findings. Isolated cough (unaccompanied by dyspnoea) is not the usual presentation of interstitial lung disease.

Finally, we would like to thank the author for writing in his comments on our article.⁽⁵⁾

Yours sincerely,

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