GENERAL TOPICS: CHAPTER 3

Acute cough

The committee for The Japanese Respiratory Society guidelines for management of cough

The Japanese Respiratory Society

An acute cough is defined as lasting less than 3 weeks. Unlike prolonged cough and chronic cough defined in the next chapter, the aetiology of acute cough in these guidelines includes diseases characterized by abnormal findings on physical examination and CXR. In general, acute cough is self-limiting, and many patients simply buy cough remedies over-the-counter without seeing a physician. Thus, more so than in chronic cough, the incidence of acute cough is unknown. However, based on sales of over-the-counter cold remedies and cough preparations, acute cough is a common symptom in many people. Figure 1.1 depicts changes in the incidence of the cause of coughing based on duration of symptoms. The most common cause of acute cough is infection, in particular, the so-called ‘common cold’ due to viral infection of the upper respiratory tract from the nasal passages to the larynx.1 In most cases, these resolve on their own without specific treatment. As duration of symptoms increases to a persistent or chronic cough, it is more likely that the cause is non-infectious. In the differential diagnosis of acute cough, however, it is essential not to miss a potentially life-threatening condition such as pulmonary embolism or acute cardiac failure. Therefore, a detailed history, physical examination, and if necessary, CXR should be performed. Another important point is that all prolonged and chronic coughs first start out as acute coughs, so when diagnosing an acute cough, the causes of persistent and chronic coughs must also be kept in mind. Figure 3.1 outlines the differential diagnosis of acute cough. In Table 3.1, the main causes of acute cough identified in these guidelines are shown.

REFERENCE

1 Irwin RS, Madison JM. The diagnosis and treatment of cough. N. Engl. J. Med. 2000; 343: 1715–21.

Figure 3.1 Outline of acute cough. ACE, angiotensin converting enzyme; GERD, gastro-oesophageal reflux disease.

Table 3.1 Cause of acute cough

| Serious diseases with abnormal CXR findings |
| Cardiovascular disorders: pulmonary embolus, congestive heart failure |
| Infections: Pneumonia, pleuritis, tuberculosis |
| Malignant tumours: primary and metastatic lung cancer |
| Immunoallergic: interstitial lung disease |
| Pneumothorax |
| Infection without abnormal findings on CXR |
| Common cold, acute bronchitis, Mycoplasma infections, Chlamydia infections pertussis, influenza virus infections, acute exacerbations of COPD, acute sinusitis, RS virus infections and human metapneumovirus infections. |
| Onset of disorders leading to persistent and chronic cough |
| Bronchial asthma, Cough-variant asthma, atopic cough, sinusitis, GERD, ACE inhibitors |
| Rare in healthy individuals |
| Aspiration and airway foreign bodies |

ACE, angiotensin converting enzyme; GERD, gastro-oesophageal reflux disease.