A Case Series of Normal Children with Chronic Cough and Unsafe Swallow; A Multidisciplinary Approach

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Introduction:
Chronic wet cough is a common presentation in children. This can lead to significant childhood morbidity and parental anxieties hence it is important to have a structured multi-disciplinary approach in assessing the causes for this. There are many different aetiologies but aspiration lung disease is an important cause both in neurologically impaired and normal children.

The aim is to evaluate cases of neurologically normal children presenting with chronic wet cough and to identify common themes. To identify unsafe swallow and gastro-oesophageal reflux as a determinant of aspiration lung disease in normal children.

Method:
Several cases of chronic wet cough were identified within the tertiary paediatric respiratory clinic at the Children’s Hospital of Wales in Cardiff. Case notes on these children were reviewed. These children underwent systematic investigations including swallow assessment with speech and language therapists and videofluoroscopies.

Results:
Aspiration lung disease is not an uncommon cause for chronic wet cough. These children presented with significant respiratory symptoms affecting their quality of life, required many courses of antibiotics and had persistent consolidation on chest imaging. We describe a few cases of neurologically normal children with unsafe swallow. There was an association between gastro-oesophageal reflux and an unsafe swallow. Isolated bulbar palsy on EMG was confirmed in one such patient. Modification in their feeding practices has resulted in a reduction in respiratory symptoms and improvement in the quality of life.

Conclusion:
Isolated bulbar palsy has not been widely described in the current literature in neurologically normal children. There appears to be a correlation between chronic gastro-oesophageal reflux and unsafe swallow. Persistent reflux resulting in desensitisation of the larynx and an unsafe swallow have been hypothesised. Further research is required to delineate the pathophysiology of this. Objective respiratory outcome measures to assess the benefits of feeding intervention should also be developed.