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Reflux–Aspiration in Chronic Lung Disease

To the Editor:

In their review of reflux–aspiration in chronic lung disease, Lee and colleagues (1) state that reflux-related cough can theoretically be caused by direct irritation of the tracheobronchial tree after aspiration of gastric contents into the airway or by stimulation of the esophageal–bronchial neural cough reflex. When discussing the clinical approach in adults with chronic cough without overt reflux symptoms, they correctly mention that guidelines for chronic cough recommend that an empiric course of antireflux therapy could be instituted for at least 2 months in addition to dietary and lifestyle modifications. However, this approach is not correct in children.

Cough is common in childhood; most often, the child is normal (2). The largest study systematically investigating children with chronic cough in a hospital setting showed that the “big three” causes of adult chronic cough (asthma, gastroesophageal reflux [GOR] disease, and upper airway disease) are uncommon in children; GOR disease accounted for less than 10% of diagnoses (3).

The diagnosis of reflux-related cough in childhood may be challenging, as many children do not exhibit typical reflux symptoms. Acid reflux in a child with chronic cough does not necessarily mean causality. A recent study showed that nearly 90% of cough spells in children did not correspond with a reflux event documented by pH probe (4). Furthermore, interpretation of the results of empiric therapy with anti-GOR drugs is limited by the large placebo effect (5).

Cough frequently resolves spontaneously in childhood, and the therapeutic approach in children with suspected reflux-related

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cough should be more conservative than in adults. We suggest that a three-stage therapeutic trial should be completed before diagnosing such a condition: 1) clear-cut response to a 4- to 8-week treatment with proton pump inhibitors; 2) relapse on stopping medication; and 3) new response to recommencing medication, with weaning down therapy as appropriate to the child’s symptoms.

Author disclosures are available with the text of this letter at www.atsjournals.org.

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