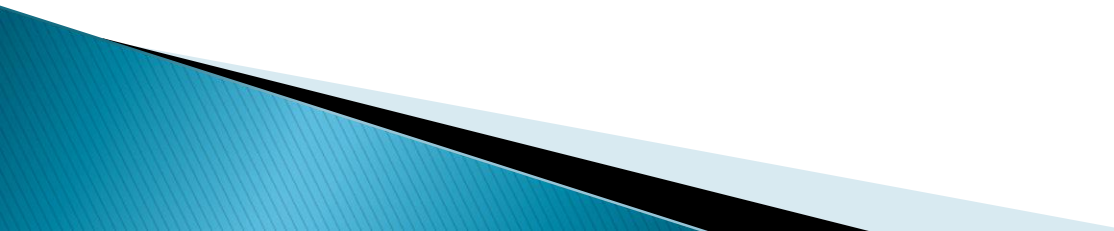


# THE WHEEZY INFANT

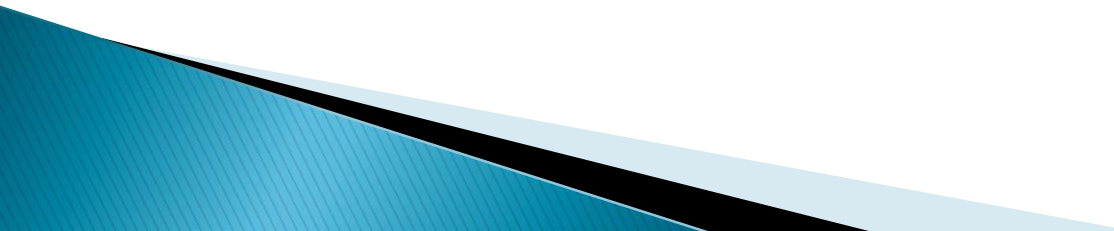
ADIL WARIS



# ACUTE BRONCHIOLITIS

- ▶ Usually one off episode
  - ▶ Recurrence is rare
  
  - ▶ Mx hypertonic saline .. Mechanism of action?
- 

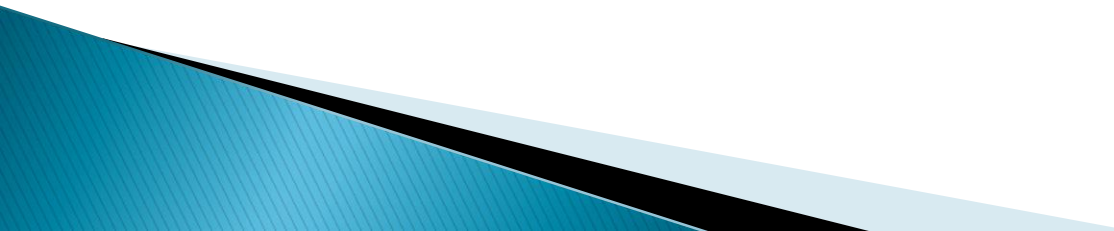
# CHRONIC BRONCHIOLITIS

- ▶ Bronchiolitis obliterans
  - ▶ History of a severe insult important
  - ▶ Measles and adenovirus
  - ▶ Persistent air trapping
  
  - ▶ Mx don't do steroids /antihistamines
- 

# COW MILK ALLERGY

- ▶ Clear history on formula milk use
- ▶ Even via breast milk
- ▶ Examine the skin
- ▶ Trial of DAIRY AVOIDANCE indicated

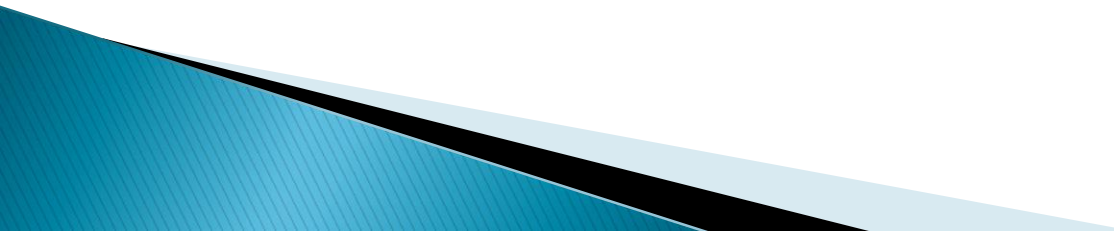
# GERD

- ▶ Classic symptoms may be absent
  - ▶ Weight associated GERD
  - ▶ Investigation tools not accurate, not readily available, expertise needed, expensive
  - ▶ Trial of therapy acceptable
- 

# CARDIAC

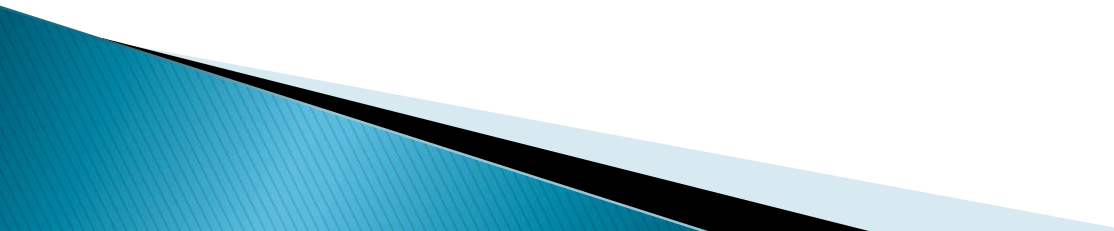
- ▶ History and CVS exam
- ▶ ECHO

# Broncho – pulm dysplasia

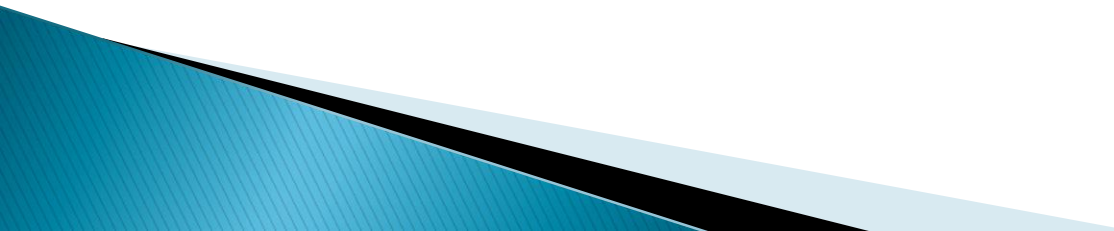
- ▶ “chronic lung disease of infancy”
  - ▶ h/o IPPV and oxygen use
  - ▶ increased airway reactivity
  - ▶ Exacerbation of wheezing may occur in viral infection, physical exertion, GER, or fluid overload
- 



# BRONCHITIS

- ▶ Protracted bacterial bronchitis(PBB)
  - ▶ Chronic cough
  - ▶ Relatively well
  - ▶ May wheeze but rare
  - ▶ Not air trapped on percussion
  - ▶ 10 - 14 day antibiotic course
- 

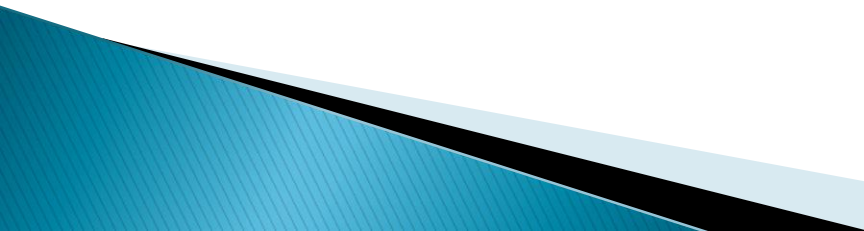
# TUBERCULOSIS

- ▶ Enlarged hilar nodes
  - ▶ Lateral CXR
  - ▶ Failure to thrive
  - ▶ Monophonic wheeze
- 

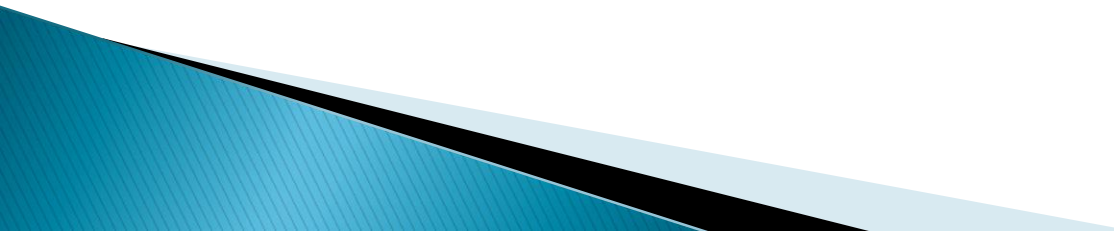
# Congenital airway anomalies

- ▶ Tracheal stenosis / web
- ▶ Tracheoesophageal fistula
- ▶ Bronchogenic cysts
- ▶ Vascular rings and slings – usually pulm artery slings give wheeze, at rest a stridor
  
- ▶ Ct scan indicated

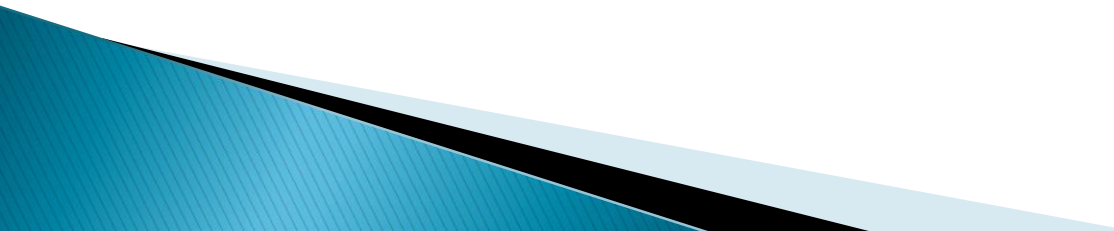
# SWALLOWING INCOORDINATION

- ▶ Neurologically impaired child
  - ▶ Wet bibs
  - ▶ Oropharyngeal pooling
  - ▶ History of cough with fluid diet
  - ▶ Modified swallow studies
  - ▶ Trial of water and solid diet
  - ▶ Trial of NG feeds
- 

# FOREIGN BODY

- ▶ Rare in infancy
  - ▶ Clear history.. hopefully
  - ▶ Monophonic wheeze
  - ▶ or unequal breath sounds
  - ▶ Flexible bronchoscopy
  - ▶ Remember esophageal FB
- 

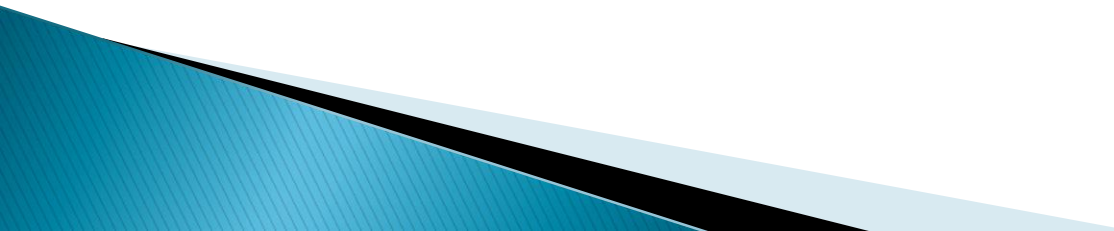
# CYSTIC FIBROSIS

- ▶ Mainly caucasians
  - ▶ Failure to thrive
  - ▶ Loose stool... fecal elastase
  - ▶ Air trapped
  - ▶ Sweat test not available
  - ▶ Delta F 508
- 

# OTHERS

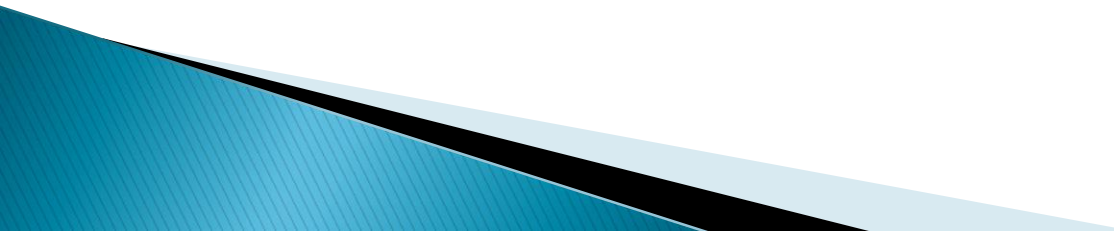
- ▶ Primary ciliary dyskinesia
- ▶ Bacterial tracheitis

# ASTHMA

- ▶ Takes time to aerosensitise
  - ▶ History of first episode important
  - ▶ Two patients in ten years and symptoms began in 11<sup>th</sup> month
  - ▶ Everybody has a family atopic history
- 



# Conclusion

- ▶ Very common
  - ▶ Easy to mismanage
  - ▶ Choose your investigational tool well
  - ▶ Trial of therapy where appropriate eg ten day dairy free then PPI trial
  - ▶ Cow milk allergy and GERD common
  - ▶ Asthma rare
- 

# QUESTIONS

