THE WHEEZY INFANT

ADIL WARIS
ACUTE BRONCHIOCHLITIS

- 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
“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
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\textsuperscript{th} 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