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Wheezing in pre-school children: Approach to diagnosis and management

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Wheezing-associated respiratory illnesses in children are often described as asthma, however while most children with asthma show symptoms of wheezing, not all wheezing is related to asthma. Bronchiolitis refers to a first episode of wheezing, with respiratory distress triggered by a viral infection. Episodic wheezing refers to discrete episodes of wheezing without intermittent symptoms. Unremitting wheezing or multi-trigger wheeze refers to distinct episodes of wheezing with intermittent symptoms, such as coughing or wheezing at night or in response to exercise, crying, laughter, mist or cold air. Many preschool children with viral induced wheezing will outgrow these symptoms and do not have asthma. It is important to explain to parents/carers that wheezing in an infant or preschooler does not mean the child will have asthma or allergies by primary school age. In preschool-aged children with recurrent wheeze (e.g., four or more episodes per year), consider using the asthma predictive index to estimate whether children are likely to have asthma during primary school years. Asthma prediction index has some major criteria and minor criteria. Major criteria are diagnosis of asthma in one or both parent, diagnosis of atopic dermatitis during the first 3 years of life, sensitization against >1 allergen, minor criteria include milk, egg or peanut sensitization. Associated with respiratory infections, eosinophilia >4%. In the first 3 years of life if anyone who have 1 major criteria or 2 minor criteria is present in one episode, the possibility of asthma in 6-13 years is 59% but 2 episodes possibility is 77%. Investigation of chest X-Ray, spirometry, CT scan of chest and fiberoptic bronchoscope is usually not necessary if history of classic asthma or patient response to salbutamol and or steroid. Based on the limited evidence available, inhaled short-acting b2-agonists by metered-dose inhaler/spacer combination are recommended for symptomatic relief. Inhaled corticosteroids remain first-line treatment for multiple-trigger wheeze, but may also be considered in patients with episodic viral wheeze with frequent or severe episodes or when the clinician suspects that interval symptoms are being under reported.

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