

## Isolated cough which responds to inhaled salbutamol and beclomethasone dipropionate

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Within a year we have observed 19 patients (16 females) who presented to the Ear-Nose-Throat (ENT) department of our hospital for an isolated cough present from one month to 14 years duration. Their ENT medical examination was normal, except for one subject who complained of chronic rhinitis. They were normotensive and did not use an angiotensin converting enzyme inhibitor. In all of them bronchial hyperreactivity was confirmed by an inhalation of 1% acetyl-choline which induced a fall of the FEV<sub>1</sub> by 16 to 87%.

This cough disappeared after six weeks treatment with inhaled salbutamol and beclomethasone dipropionate [1].

We believe this cough to be a variant of bronchial asthma for the two following reasons: first, we have observed many patients who complain of cough alone, before developing bronchial asthma; and conversely there are asthmatics with long remissions of their bronchospastic attacks but remained with persistent cough. Secondly, this cough responded to inhaled salbutamol and beclomethasone dipropionate.

The aim of this letter is the following: we have observed three normotensive coughers with normal chest and X-Ray examinations, normal pulmonary function, in whom the provocation test with acetyl-choline was negative. As no explanation for their cough was apparent

we tried the same treatment described above. The cough disappeared after 6 weeks treatment. We interpret these findings by suggesting that asthma may be present without demonstrable airway hyperreactivity [2].

### References

1. Frans A., Van den Eeckhaut. – Cough as the sole manifestation of airway hyperreactivity. *J Laryng. Otol.* 1989, 103, 600–682.
2. Stanescu D., Frans A. – Bronchial asthma without increased airway reactivity. *Eur J Resp Dis*, 1982, 63, 5–12.

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