

Catastrophic Cough in a Young Infant

A 45-day-old girl child presented with cough for 10 days, with increasing frequency and duration of cough bouts over the past two days. There was no fever or respiratory distress. Child had characteristic 'whooping cough'—prolonged cough bouts ending in inspiratory whoop (**Web Video 1** and **Fig. 1**). Complete blood count showed total leukocyte count of 26800 cells/mm³ with 75% lymphocytes. Chest X-ray was normal. Child was treated with oral azithromycin for 5 days, suspecting pertussis. On day 2 of hospitalization, child had prolonged cough bouts associated with hypoxia and apneic spells requiring intubation. Nasopharyngeal swab for *Bordetella pertussis* PCR was reported to be positive. Child was extubated after 4 days of mechanical ventilation as the frequency of cough bouts on ventilator reduced. Child needed oxygen support during cough bouts even after extubation, and was gradually weaned off oxygen over 14 days. At discharge, child had cough bouts with reduced severity and no hypoxia. Further questioning revealed that child was scheduled for her first dose of DTP vaccine next week and mother had received TT vaccine, not Tdap, during her antenatal visits. On follow-up, child was thriving well, had occasional cough episodes, and had been immunized with 3 doses of DTP vaccine.

Cough in children may sound benign, but sometimes it may be harbinger of serious underlying diseases like pneumonia, bronchiolitis or Pertussis. Differential diagnosis of child with prolonged acute cough include



FIG. 1 Infant with whooping cough

Postviral cough, Pertussis, Persistent bacterial bronchitis, Bronchiolitis, Pneumonia or Retained foreign body. Pointers useful in differentiating pertussis from these conditions include characteristic inspiratory whooping sound of cough, cough bouts escalating at 7-10 days, apneic spells or cyanosis in infants, and presence of leukocytosis with >50% lymphocytes.

B BANUPRIYA¹ AND A JAGADEESH²

Department of Paediatrics,
Mahatma Gandhi Medical College and Research Institute,
Sri Balaji Vidyapeeth University, Puducherry, India.
¹banu.13@gmail.com

NOTICE

Call for Submission of 'Clinical Videos'

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