



The oracle of cough

About 18 months ago my wife began coughing. It was an annoying cough. It was incessant, but paroxysmally incredibly intense. It would take her breath away. It was nonproductive and not associated with dyspnea. It awakened both of us in the early morning hours and was unending. There were no systemic features other than some chest wall pain from coughing and fatigue from lack of sleep. A chest radiograph was normal. A sense of difficulty in “getting air in” prompted an ear, nose, and throat evaluation, and otherwise-asymptomatic reflux disease was diagnosed, but the cough did not respond to a proton pump inhibitor. Other suggestions were offered for evaluation and empiric treatment, including new-onset asthma and sinus disease.

After a month or so of this, I naively wondered about the possibility of pertussis, since my wife works with young children of various backgrounds. I had never diagnosed or treated this disease. Her internist, I’m sure, thought I was crazy when I suggested testing for this, and this odd thought did nothing to alter my wife’s view of my medical acumen. My pulmonologist friends said they hadn’t been seeing similar syndromes, and also had never diagnosed pertussis. A nasal swab was negative for pertussis, and the complete blood cell count showed no lymphocytosis. So it seemed that the cough was not only unending, it was destined to be unexplained.

Then the diagnostic test was obtained: my mother-in-law declared it to be whooping cough.

Since that time, there has been a flurry of articles in the lay and medical press discussing the waning immune response to childhood pertussis vaccination as we age and the fact that we physicians have been reluctant or unable to diagnose this condition. Why? Even though the cough is indeed quite distinctive with its violent character, early morning paroxysms, and duration over months, internists have not been previously sensitized to recognize it.

As Dr. Camille Sabella points out in his timely article on pertussis on page 601 in this issue of the *Journal*, pertussis is most certainly still around, its diagnosis is difficult to confirm, and antibiotics have limited efficacy, particularly if the diagnosis is delayed. I confess that I self-prescribed some antibiotics for pertussis at the time of my first whoop, and I coughed paroxysmally for “only” 6 weeks instead of the almost 18 that my wife experienced. My mother-in-law is available, on a limited basis, for consultation.

BRIAN F. MANDELL, MD, PhD
Editor-in-Chief