

기침의 진단과 치료

Diagnosis and Treatment of Cough

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Abstract

Cough remains the most common reason for patients to seek medical attention. Although the exact prevalence is difficult to estimate, recurrent cough is reported in up to 40% of the population. For the investigation and treatment of chronic cough, it is important to understand its etiology, particularly when the underlying pathology exists outside the respiratory tract. Although there is no consensus as to the best diagnostic strategy for chronic cough, many protocols combine laboratory investigations with empirical trials of treatment. Specific treatment for the underlying disease of cough along with etiologic diagnosis should be emphasized rather than nonspecific antitussive therapy because nonspecific pharmacologic treatments have changed little during the last 50 years, without any significant advances from opiate - based compounds. Recently, molecular structures of cough receptors and mediators have been identified. Vanilloid receptor - 1 is one of ion channel receptors expressed on the sensory neurons of cough reflex. Substances inhibiting ion channels and receptor antagonists of tachy - or bradykinins are being investigated. Thus safer and more effective agents to deal with this common problem are believed to be available in the near future.

Keywords : Chronic cough; Gastroesophageal reflux; Postnasal drip syndrome; Cough variant asthma; Eosinophilic bronchitis; Cough receptor

; ; ; ; ; ;

가 ,
가 ,
가
40% ,
38%
. 1
가 14%,
10% ,
,
가
(1~4).

-

가 11~25% 3

가

가 ipratropium bro-

mide

80%

가 2

12~30% Bordetella pertussis

(5). 가 4~6

가

가 macrolide

가

, 3

, 3 8 , 8 가

95%

(postinfectious)

8

8

1. (Postnasal Drip Syndrome)

가

1. 가

가

가 가

가

가

가

(5).

35 ~ 64%

(cobblestone appearance), (6 ~ 8).

2.

(

),

가

(decongestant)

가

가

가

1

가

가

“

(cough - variant asthma)”

가

가

Hemophilus

influenzae

가

(1)(5).

80%

가

(PC20 methacholine > 8mg/mL),
 (false positive) 20 ~ 30% (1).
 (9).
 GINA(Global INitiative for Asthma) () .

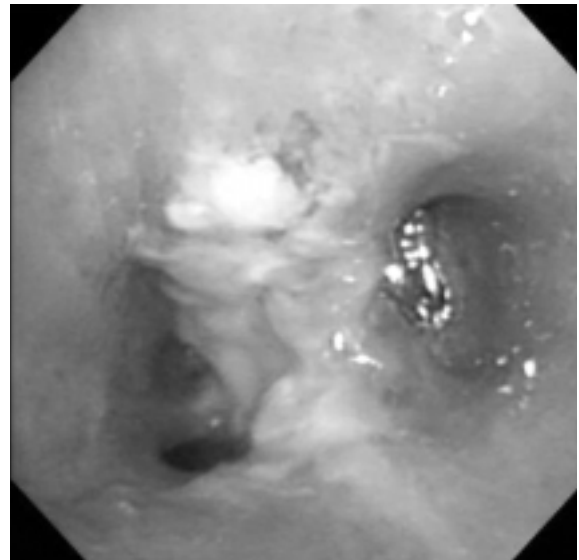
(10).
 1 , budesonide 200 ~ 10 ~ 15%
 600 µg/day, fluticasone propionate 100 ~ 250 µg/day (9, 12)
 1 ~ 2 .

가 .

가 .

3. (Gastroesophageal Reflux)
 10 ~ 40% 가
 가 (heart burn),
 , 75%
 가 ,
 2 3 ~ 4
 2
 가
 4 (9), 24 pH 가 가
 가
 가 66%
 가 2 ~ 3
 24 pH
 (eosinophilic bronchitis) Gib-
 son (11) 1989
 가
 3% , 2 .

(, ,)
 , H2 proton pump
 , (prokinetic drugs) .
 8~12 , 6
 .
 가
 3~4 (13). 가
 (fundoplica-
 tion) .



4.

X

1.

,
 . X 가 , II
 .
 .

1)

3~ 2)
 20% ,

,
 .
 ,
 가 (bradykinin, sub-stance P, prostaglandin afferent C - fiber)
 bradykinin B2 1)
 가 3)
 (14). , X

.
 ,
 가 CT 가 (9).
 ,
 .
 .
 (1).
 , ,
 가 ,
 (19~62%) . 가
 .
 가 .
 . 가 가
 ,
 , ,
 . 가
 .
 가
 . 가 , ,
 .
 가 가 . , ,
 가 가 ,
 . 가 (15).
 .
 , 24 pH , 가
 .
 가 ,
 .
 가 pH 가 .
 가 가 ,

가 .

가 .

RARs(rapidly adapting “irritant” receptors)
C - fiber . C - fiber
substance P . ()

RARs .

TRPV1(transient re-
ceptor potential vanilloid 1) 가
가

가 가 .

N - acyldopamines, arachidonic acid
TRPV1 ,

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