

AUTHOR'S REPLY

Dear Sir,

We would first like to thank Dr Yilmaz for taking the time to send in his comments.⁽¹⁾

We completely agree with Dr Yilmaz that many patients with gastroesophageal reflux disease (GERD) do not have a classical history of heartburn or acid regurgitation. But we would like to point out that nowhere in our article,⁽²⁾ have we mentioned that the absence of classical symptoms excluded GERD. We have simply reported the diagnoses and outcomes we encountered in patients who were 'silent' for GERD, post nasal drip syndrome (PNDS) and asthma. We arrived at a diagnosis in 35 of our 54 patients (64%), 17 of whom were found to have 'silent' GERD. The cough significantly improved for 30 of the 35 patients who had a diagnosis. Of the remaining five patients, two defaulted follow-up and three reported no improvement. We have mentioned in our discussion that we may have made an error in diagnosis in these three cases (including 'missed' cases of silent GERD).

We could not reach a diagnosis in the remaining 19 patients. But the cough resolved without any treatment in 13 of these cases, thus making the possibility of GERD unlikely. Of the remaining six cases, four had no improvement and two defaulted follow-up visits. It is possible that some of these six cases could have been cases of silent GERD.

We would like to highlight that apart from using a "history of heartburn or acid regurgitation", we sent 61% of our patients for nasolaryngeal endoscopy in the hope that it would pick up some features suggestive of GERD (such as laryngeal oedema or erythema) or PNDS.

Although we did not specifically mention this, all our patients who received empiric therapy for GERD and PNDS were given at least four weeks of treatment. Moreover, eight of the ten patients who were given empiric GERD therapy received a high-dose combination therapy (omeprazole 40 mg BD and domperidone 20 mg TDS).

Interestingly, Dr Richard Irwin (whom Dr Yilmaz referenced in his letter) commented on the article: *"It is encouraging to see that GERD and PNDS are similarly common problems in both of our populations. That is a very important finding."*

Yours sincerely,

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REFERENCE

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2. Poullose V, Bin Mohd I. Prolonged cough presenting with diagnostic difficulty: a study of aetiological and clinical outcomes. Singapore Med J 2011; 52:267-70.