

Some Clinical Features of the Differential Diagnosis of Bronchial Asthma in Children

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The International Consensus on Pediatric Asthma (ICON) provides comprehensive guidance that takes into account the social, age-related, ethnic, and other characteristics of the disease, however, it does not cover every aspect. The list of differential diagnoses omits the concept of “obstructive bronchitis,” and a diagnosis of asthma requires the occurrence of multiple episodes of bronchial obstruction.

In actual clinical practice, asthma most frequently requires differentiation from obstructive bronchitis—a condition resulting from the morphofunctional characteristics of the bronchopulmonary system in young children (aged 3 - 4 years, less commonly 5 years). Obstructive bronchitis manifests with the classic syndrome of bronchial obstruction: diffuse dry and moist rales of varying caliber, audible wheezing, expiratory dyspnea, and signs of emphysema, occurring against the background of an acute respiratory viral infection.

If obstructive bronchitis occurs in a child older than 4 - 5 years or follows a recurrent pattern (three or more episodes), the possibility of asthma should be considered. In such cases, the consensus guidelines highlight specific clinical and anamnestic signs of the disease. Clinical practice confirms that these include both major and minor criteria.

One or two episodes of obstructive bronchitis do not necessarily progress to asthma.

In some instances, a diagnosis of asthma may be established after the very first episode of bronchial obstruction—specifically, when an attack of respiratory distress develops following clear exposure to an allergen.

In such situations, establishing the diagnosis is justified even in children under five years of age. It should be noted, however, that the sudden onset of bronchial obstruction may be caused not by asthma, but by the aspiration of a foreign body into the bronchi. A history indicating that the child choked supports this hypothesis. However, if there was no choking episode yet bronchial obstruction persists despite the use of bronchodilators, parents must be informed of the need for bronchoscopy—even if the mother insists that she constantly supervises the child and that he did not inhale anything.

Differential diagnosis against other clinical conditions is straightforward due to the presence of specific signs associated with those conditions.

If the initial episode of bronchial obstruction is accompanied by nocturnal symptoms or persists for several days, the physician must initiate maintenance therapy without waiting for recurrent episodes. In this case, the asthma is classified as persistent.

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