

# Wheezing in the young : How to approach and treat ?

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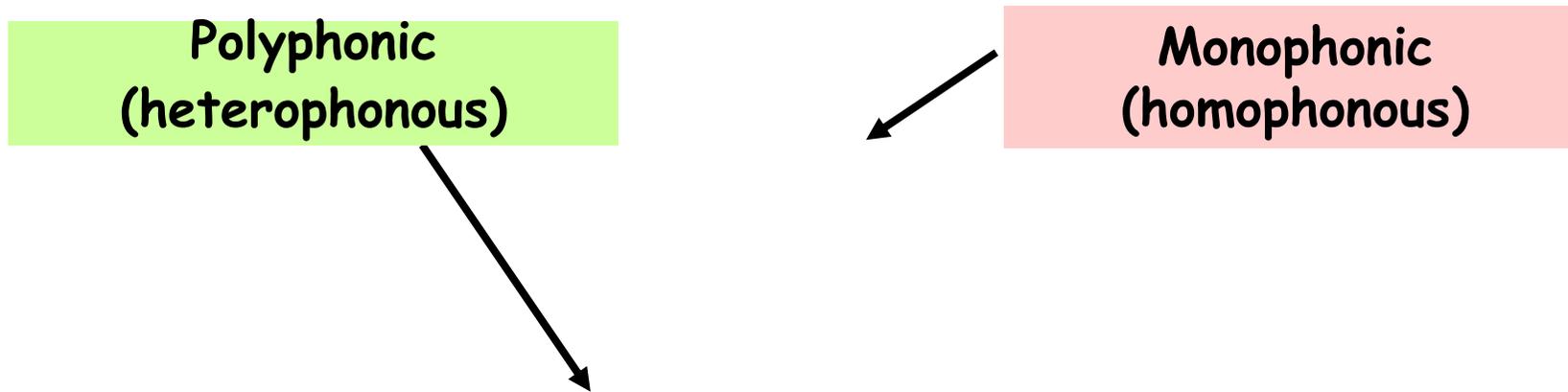
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# Physiology / Mechanism of wheezing

: Continuous musical, **high pitched whistling** sounds usually associated with **prolonged expiration** caused by vibration of airway wall due to **turbulent airflow through narrow airways**

# Physiology / Mechanism of wheezing



**Wheezing – indicates airflow limitation**

**Loudness – does not indicate severity of obstruction**

**Biphasic wheeze – indicates more severe obstruction**

**Quality of wheeze – indicates site of obstruction**

# Anatomic & physiologic predisposition to wheezing in infants and young children

- Anatomic :
  - **Smaller airways**
  - **Spiral airway smooth muscles extend to peripheral airways**
    - **increased BHR**

*Paediatr Respir Rev 2004; 5: 577-579*

*Taussig : Pediatric Respiratory Medicine 2008*

# Anatomic & physiologic predisposition to wheezing in infants and young children

- **Physiologic:**
  - **Increased nasal airway resistance**
  - **Increased peripheral airway resistance**
  - **Decreased elastic recoil pressure**
  - **early airway closure**

*Paediatr Respir Rev 2004; 5: 577-579*

*Taussig : Pediatric Respiratory Medicine 2008*