

Evidence Discussion (Chest 3.1)

CT chest is not recommended routinely in people with a chronic cough, normal chest x-ray, and normal physical exam. There is concern regarding potential cancer risk from CT radiation exposure, especially in women and children.² For patients with cough of unknown etiology or a chronic cough refractory to therapy, a CT chest may identify changes not seen on chest x-ray, such as interstitial lung disease or bronchiectasis.^{2,4}

Current or former smokers with a new cough or change in chronic cough do not need a trial of therapy for UACS, asthma or GERD prior to a chest CT if an initial chest x-ray is abnormal or non-diagnostic.¹

CT maxillofacial may be considered for suspected chronic rhinosinusitis (CRS) as the cause of chronic cough after clinical examination and chest x-ray if there is no response to empiric therapy or if the history and nasal endoscopy findings are concerning for CRS.^{1,4,5}

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