

Evidence Discussion – Hiccups (AB-46)

If there are additional signs or symptoms to evaluate, further testing is indicated. CT Chest and/or bronchoscopy is the study of choice for evaluation wheezing, dyspnea, abnormal chest radiography, or abnormal pulmonary function tests. MRI Brain and/or lumbar puncture are indication for potential central nervous system causes. Evaluation of esophageal and other symptoms is performed with upper endoscopy, esophageal manometry, and/or CT Abdomen. Cardiac etiologies may be evaluated with EKG & Echo.

References:

1. Pooran N, Lee D, Sideridis K. Protracted hiccups due to severe erosive esophagitis: a case series. J Clin Gastroenterol 2006; 40:183.
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3. Brañuelas Quiroga J, Urbano García J, Bolaños Guedes J. Hiccups: a common problem with some unusual causes and cures. Br J Gen Pract 2016; 66:584-586
4. Yamazaki Y, Sugiura T, Kurokawa K. Sinister hiccups. Lancet 2008; 371:1550.
5. Howard RS. Persistent hiccups. BMJ 1992; 305:1237.
6. Management of Belching, Hiccups, and Aerophagia
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