

**Saint Paul`s Hospital Millennium Medical College, Department of
Pediatrics & Child Health
Pulmonology and Critical Care Division
Indications for Sweat Chloride Test (Screening for cystic fibrosis)**

1. Chronic sinopulmonary disease including by but not limited to:

- ✓ Infection/colonization with *Pseudomonas aeruginosa*, *Stenotrophomonas maltophilia*, *Burkholderia cepacia*, *S. aureus*(persistent/recurrent) and nontypeable *H.influenzae*
- ✓ Persistent chest radiograph abnormalities (e.g. bronchiectasis, atelectasis, infiltrates or hyperinflation)
- ✓ Nasal polyps; in all patients < 12 years, at any age with X ray/CT paranasal sinuses abnormalities
- ✓ Digital clubbing of undetermined cause
- ✓ Persistent/chronic cough with sputum production
- ✓ Asthma: Poorly controlled or atypical especially with chronic productive cough, and a poor response to standard asthma therapy
- ✓ Repeated lung infections
- ✓ Recurrent or chronic rhinosinusitis
- ✓ Chronic respiratory symptoms with no clear diagnosis
- ✓ Persistent LRTI course beyond the expected time especially following bronchiolitis
- ✓ Repeated (2 or more) obstructive lower airways disease (manifested by wheezing or air-trapping) in children < 6 months
- ✓ Abnormal clinical chest exam with progressive decline of lung function
- ✓ Documented bronchiectasis with early age
- ✓ Diffuse or upper lobe predominant bronchiectasis on CT

2. Gastrointestinal and nutritional abnormalities, including but not limited to:

- ✓ Intestinal: Meconium ileus/plug/peritonitis, distal intestinal obstruction syndrome, rectal prolapse
- ✓ Pancreatic: Pancreatic insufficiency, recurrent acute pancreatitis, chronic pancreatitis, pancreatic abnormalities on imaging(atrophy, fibrosis, fat infiltration, lipomatous pseudohypertrophy)
- ✓ Hepatic: Prolonged neonatal jaundice more than 2 weeks, unexplained chronic liver failure, cirrhosis, hepatic steatosis, non-cirrhotic portal hypertension
- ✓ Nutritional: Unexplained failure to thrive (protein-calorie malnutrition), hypoproteinemia and edema, complications secondary to fat-soluble vitamin deficiencies
- ✓ Salt loss syndromes: Salt testing skin, skin frosting, acute salt depletion, chronic or unexplained metabolic alkalosis
- ✓ Male primary infertility: obstructive azoospermia due to CBAVD
- ✓ Foul-smelling, bulky and greasy stools
- ✓ Poor weight gain and growth
- ✓ Chronic or severe constipation with rectal prolapse

Contact: 09 11 99 39 75 Dr Abate Yeshidinber (Associate Professor of Pediatrics, Pulmonology and Critical care subspecialist)

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- ✓ Abnormal stools/chronic diarrhea of undetermined cause
- ✓ Hepatobiliary disease and persistent jaundice more than 2 weeks in neonatal period
- ✓ Unexplained Dehydration/excess sweating, heat exhaustion
- ✓ Malabsorption, protein losing enteropathy
- ✓ DM with suggestive GI or respiratory symptoms
- 3. Suggestive family history of CF or family history of CF carrier status
- 4. Palmoplantar skin wrinkling shortly after putting in water
- 5. Positive newborn screening

CBAVD; congenital bilateral absence of the vas deferens, CF-cystic fibrosis

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