

Chronic Cough

Chronic cough is a cough that has lasted for at least 8 weeks. Chronic cough can come from smoking-related lung diseases (eg, chronic obstructive pulmonary disease (<https://www.radiologyinfo.org/en/info/copd>) , emphysema, lung cancer (<https://www.radiologyinfo.org/en/info/lung-cancer>)), upper airway cough syndrome, asthma, gastroesophageal reflux disease, bronchitis, immunodeficiencies, or repeated exposure to inflammation in the body. Initial imaging is done to determine the cause of this persistent cough and provide the correct treatment.

For an individual with chronic cough and no known risk of lung cancer, chest x-ray (<https://www.radiologyinfo.org/en/info/chestrad>) is usually appropriate. CT of the chest (<https://www.radiologyinfo.org/en/info/chestct>) with or without intravenous (IV) contrast may be appropriate especially if the results of an initial chest x-ray are inconclusive. These same recommendations hold for individuals who have a chronic cough with an increased risk for lung cancer.

In individuals with a chronic cough that continues after the initial treatment, it is likely the initial clinical evaluation did not determine the right cause. In these cases, a chest x-ray or a chest CT scan with or without IV contrast is usually appropriate. In addition, a CT maxillofacial (CT of the face, head, sinus (<https://www.radiologyinfo.org/en/info/sinusct>)) without IV contrast may be appropriate if there is inflammation in the upper airways to better visualize the sinuses.

For more information, see *Chronic Obstructive Pulmonary Disease (COPD)* (<https://www.radiologyinfo.org/en/info/copd>) .

— By Emily Chu and Ryan Lee, MD, MBA. This information originally appeared in the *Journal of the American College of Radiology*.

Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2026 Radiological Society of North America, Inc.