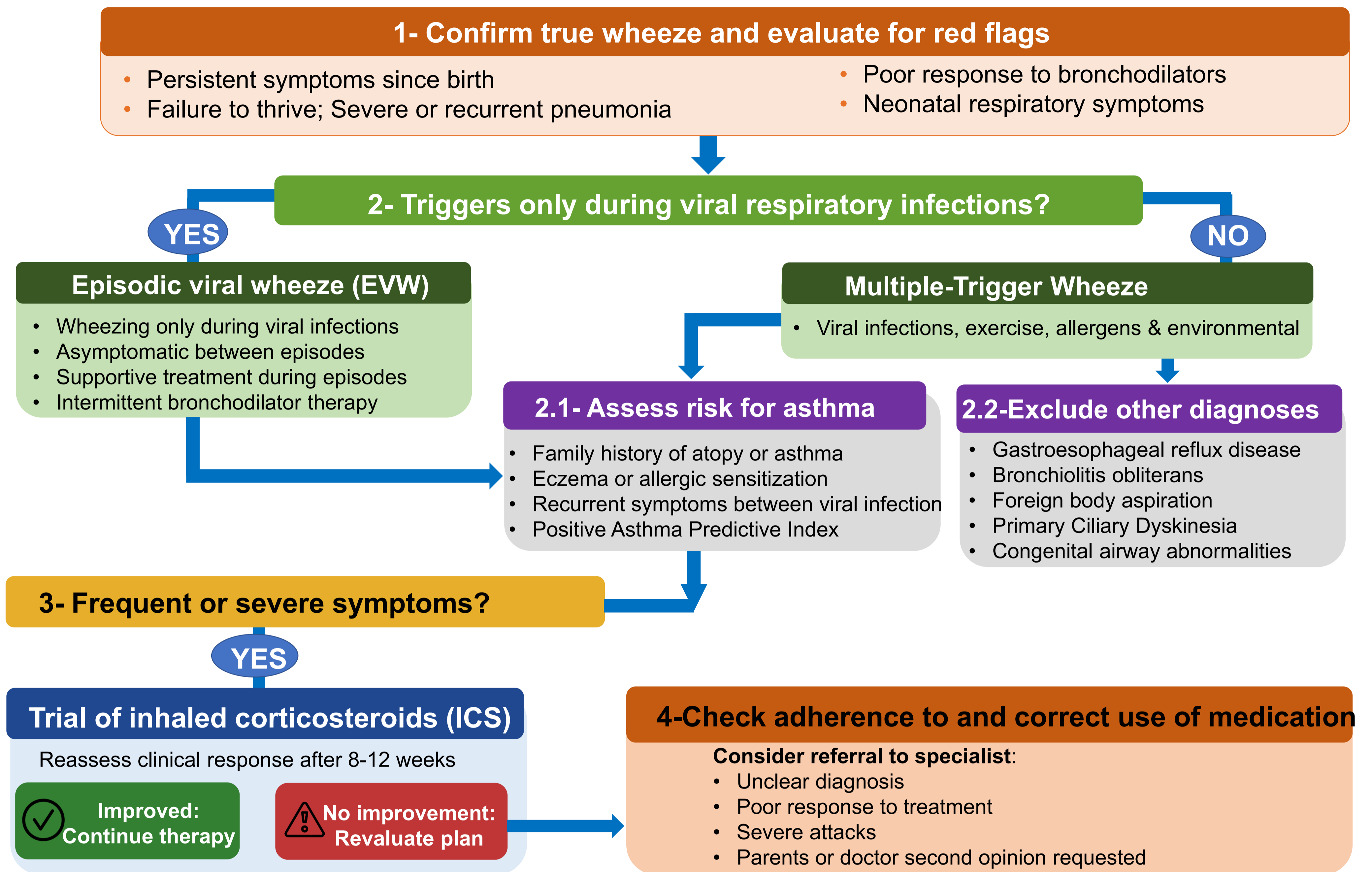
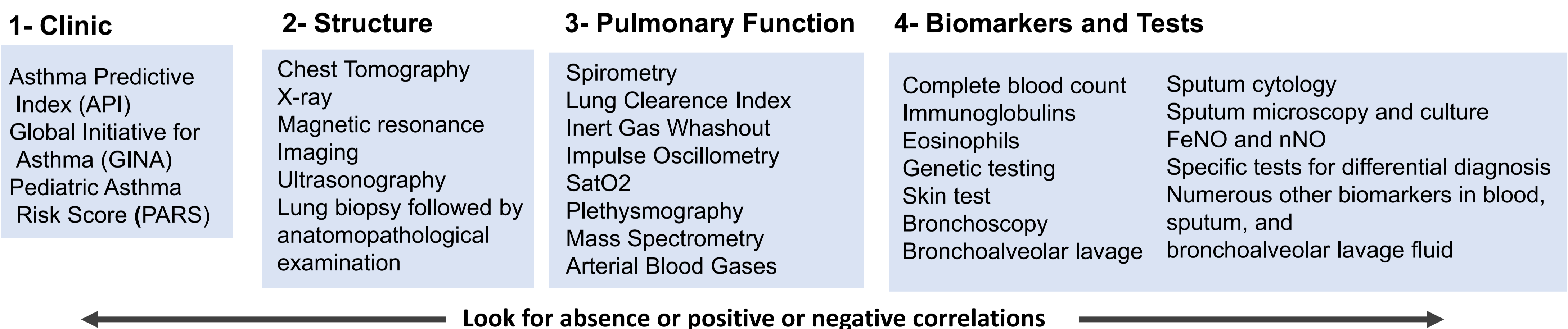


# Recurrent wheeze (RW) in infants and preschool children: A practical real-world approach

## Proposed clinical algorithm for children < 7 years of age with RW



## The four possible pillars for diagnosing, monitoring and assessing lung health in children with RW



### Key Points

- RW is heterogeneous; often viral-related and age-dependent.
- Persistent or multi-trigger wheeze → higher asthma risk.
- ICS = first-line controller for frequent/severe cases.
- Severity depends on inflammatory endotype and lung development.
- Diagnosis requires clinical history, exclusion of alternatives, and treatment response.

### REFERENCES

1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention – Updated 2025
2. Makrinioti H, Fainardi V, Bonnelykke K, et al. European Respiratory Society Statement on preschool wheezing disorders: updated definitions, knowledge gaps, and proposed future research directions. Eur Respir J. 2024;64:2400624.

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