

# COSTOCHONDRITIS

Costochondritis or pleurodynia has been fairly well defined but has several causes. Type B coxsackie viruses cause one kind of epidemic pleurodynia (fever, lung, and abdominal pain with headache that lasts about two to 12 days and resolves). Another milder form occurs more frequently in young women after a viral illness. The viral illness is not always apparent and certainly can hit many other ages of people.



Symptoms include:

- Pain and tenderness in the locations where your ribs attach to your breastbone (costosternal joints)
  - Often sharp pain, though also dull and gnawing pain
  - Location often on left side of breastbone, but possible on either side of chest
- Less common symptoms include:
- Pain when taking a deep breath
  - Pain when coughing
  - Difficulty breathing

Costochondritis pain is often mistaken for heart attack pain. Heart attack pain usually lasts only 5-30 minutes. The heart attack pain can be more widespread, while costochondritis pain is focused on a smaller area. Heart attack pain usually feels as if it's coming from under your breastbone, while costochondritis pain seems to come from the breastbone itself. Heart attack pain typically worsens with physical activity or stress, while the pain of costochondritis remains constant.

Pleurodynia is also termed Bornholm disease. A low-grade fever may be present with this costochondritis. If you get a higher fever and a lot of coughing, however, you should get re-examined as that might indicate pneumonia. This can happen when due to the pain you take such shallow breaths that an area of the lungs doesn't get air, which then can fill up with fluid and get infected. To help prevent pneumonia, take deep breaths even though it hurts.

Try doing the following breathing exercise frequently. Take a regular breath in, stop when it hurts and hold it, then without exhaling breathe in again. Only when you feel you need more air (again without exhaling), take a breath in and when it hurts you can stop again, only when you need more air (still not letting the air out) should you inhale again. If you had been taking only shallow breaths before, you will be surprised how many times you can inhale till your lung is full. Another way to see how much you are guarding yourself against taking a deep breath is to see how long you can sing on one breath. With this disease (as well as after a rib fracture) your lung capacity is much diminished.

Costochondritis is frustrating because regardless of how we treat it, it tends to last a while. Our treatments only alleviate the discomfort. Though typically fairly short-lived, we just need to wait till Mother Nature is done with you! We hope yours lasts only 2 weeks instead of 6 weeks.

To ease your pain until it fades, we can use:

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil, Motrin, others) and naproxen (Aleve)
- Antidepressants, specifically a category of medicines called tricyclic antidepressants, if pain is making it difficult to sleep at night
- Muscle relaxants, if you have spasms with the pain.
- Again, antibiotics do not seem to be at all helpful in this disease.

Contact us if you have trouble breathing, a high fever, redness, pus or swelling or worsening pain despite the anti-inflammatory medication.

Update 2017 tsg

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