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What are the symptoms of costochondritis?

Costochondritis is a common condition. It is a condition where the cartilage (connective tissue) joining the ribs to the breastbone (sternum) becomes inflamed and painful. This usually causes sharp chest pain. The symptoms of costochondritis can be similar to other serious conditions, such as a heart attack. Costochondritis, though, isn't serious and gets better with time. Pain medicines, including anti-inflammatory medicines, can help to treat the symptoms.

Costochondritis causes chest pain, felt next to the breastbone (sternum). It often affects both sides (left and right) but can occur on one side only.

The chest pain is usually sharp and worse on taking a deep breath, coughing, or stretching.

Costochondritis isn't a serious condition. However, it can have similar symptoms to more serious causes of chest pain, like a problem with the heart or lungs, and so it's best to seek medical advice if you have it.

Speak to a doctor if you have chest pain.

If you have chest pain that's developed suddenly, and:

- Has spread to your back, neck, shoulder, arms, or jaw.
- Is associated with shortness of breath, feeling sweaty, feeling sick or being sick.
- Makes your chest feel tight or heavy.
- Has lasted more than 15 minutes.
- If you are struggling to breathe or short of breath.
- If you are coughing up blood.

Call for an emergency ambulance or go to an Emergency Department immediately. These symptoms could be due to life-threatening conditions such as a heart attack or pulmonary embolism.

[If you think you have costochondritis, find out what to do here.](#)

In this series of articles centred around costochondritis you can read about symptoms of costochondritis, [costochondritis treatment](#), and [costochondritis causes](#) – all written by one of our expert GPs.

The rest of this feature will take an in-depth look at the symptoms of costochondritis as, at Patient, we know our readers sometimes want to have a deep dive into certain topics.

Symptoms of costochondritis

Costochondritis causes chest pain.

This pain is usually felt over the costal cartilage, the connective tissue that joins the ribs to the breastbone (sternum). It can affect both sides, or just the left side or right side only.

Pain associated with costochondritis is usually sharp. Coughing, sneezing, taking a deep breath in, and twisting or moving the chest all put physical strain on the cartilage, and tend to make the pain worse. Pressing on the affected areas of the chest tends to cause the pain.

Costochondritis shouldn't cause shortness of breath – although it can make deep breaths painful. Feeling short of breath can suggest a more serious cause of chest pain.

Costochondritis has similar symptoms to a different, rarer condition called Tietze syndrome. Tietze syndrome causes pain over the costal cartilage, but, unlike costochondritis, it also causes a swelling in that area that can be seen and felt by touching the skin. It usually affects the ends of one or two ribs only, and usually is only present on one side.

Costochondritis can affect any age, but most commonly affects people aged 40 to 60. Tietze syndrome is rare, but tends to affect young adults.

When to see a doctor for costochondritis symptoms

It's often difficult to tell whether chest pain is due to something serious or not. It's best to speak to a doctor if you have symptoms of costochondritis. They can tell you if any further tests are needed to look for other causes.

How is costochondritis diagnosed?

Clinical examination

Diagnosing costochondritis involves listening to your symptoms, and doing a physical examination of the heart and lungs.

Costochondritis usually causes tenderness when pressing on the affected areas of the chest wall.

In someone who has clear signs and symptoms of costochondritis, and nothing else to suggest a serious cause of chest pain, this might be enough to make the diagnosis.

There are no other tests that show costochondritis.

However, it can often be difficult to tell if chest pain is due to costochondritis or another, more serious, cause. So, if there's uncertainty, other tests might be requested to rule out other causes of chest pain.

These tests should be normal in costochondritis.

Tests for other causes of chest pain

Other tests might be requested, usually in hospital, to rule out serious causes of chest pain.

The tests depend on which conditions your clinician thinks are likely. Most people won't need all of these.

Examples include:

- An **ECG** (heart tracing), to look for signs of a **heart attack** or other heart problems.
- A chest **X-ray**, to look for lung problems like **pneumonia** or a **pneumothorax (collapsed lung)**.
- **Blood tests**. These might include:
 - Tests for **infection or inflammation**. Although we think costochondritis is due to inflammation of the cartilage, this localised inflammation usually doesn't show up on blood tests – high levels of inflammation on a blood test might suggest a more serious infection such as **pneumonia**.
 - Tests for heart damage (troponin), to rule out a heart attack.
 - A d-dimer test to rule out a blood clot on the lungs (**pulmonary embolism**).
- A **CT scan**, such as one to look at the arteries of the lungs if there is a high suspicion of a blood clot (**pulmonary embolism**).

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