SYMPTOM

Breath sounds

Breath sounds are breathing noises you or a clinician may notice, such as wheezing, crackling, or stridor.

WHAT IT FEELS LIKE
Whistling, crackling, rattling, or unusually quiet breathing

WHERE IT IS FELT
Chest, throat, or nose

MOST COMMON CAUSES
Colds, mucus in airways, asthma

WHEN IT IS URGENT
New noisy breathing with breathlessness or fever

USUALLY LASTS
Minutes to weeks, depending on the underlying cause

SEE A DOCTOR IF
Sounds recur, persist after a cold, or disturb sleep

Overview

Breath sounds are noises made as air moves through your nose, throat, windpipe, and lungs. Some are loud enough for you or someone nearby to hear. Others are found only when a healthcare professional listens with a stethoscope.

Normal breathing is usually quiet. Abnormal sounds include wheezing, crackling, rattling, and harsh or unusually quiet breathing.

A breath sound is a symptom or examination finding, not a diagnosis. Its meaning depends on the type of sound, when it occurs, and whether you also have symptoms such as coughing, fever, chest discomfort, or shortness of breath.

What it may feel or look like

Different breath sounds can be described in different ways:

The sound may be constant or come and go. It may appear during a cold, at night, during exercise, around smoke or allergens, or after choking.

- Wheezing is a musical or whistling sound, often louder when breathing out. It can happen when the smaller breathing tubes are narrowed.
- Crackles are brief popping or bubbling sounds, usually heard while breathing in. They may come from mucus, fluid, or small airways opening.
- Rhonchi are low-pitched snoring or gurgling sounds. They may change or clear after coughing.
- Stridor is a harsh, high-pitched sound, usually while breathing in. It comes from narrowing in the throat or upper airway.
- A pleural rub is a grating sound caused by irritated layers around the lungs rubbing together. It is usually heard with a stethoscope.
- Reduced or absent breath sounds mean airflow sounds quieter than expected in one area. You may not notice this yourself.

Common causes

Common causes include colds and other respiratory infections. Swelling and mucus in the nose, throat, or airways can produce rattling, wheezing, or coarse crackles. A sound that changes after coughing is often related to moving mucus.

Asthma can cause recurring wheeze, cough, chest tightness, or breathlessness. Symptoms may be triggered by exercise, cold air, allergens, infections, or smoke. Wheezing does not always mean asthma, however.

Mucus from bronchitis or postnasal drip can also make breathing sound noisy. Snoring and nasal congestion usually come from the upper airway rather than the lungs.

Less common causes include pneumonia, long-term lung conditions, heart-related fluid buildup, inflammation around the lungs, or an object partly blocking an airway. Air or fluid around a lung can make breath sounds quieter on one side.

Urgent causes include severe airway narrowing, a serious allergic reaction, choking, or swelling around the upper airway. These often cause sudden symptoms or significant difficulty getting air.

When to seek medical care

Call emergency services if noisy or changed breathing occurs with:

Seek same-day medical advice for a new breath sound with shortness of breath, fever, pain

when breathing, or worsening cough. Coughing up blood also needs prompt assessment.

For a baby or young child, get urgent help if breathing is fast or laboured, the skin pulls in between the ribs, feeding becomes difficult, or the child is unusually sleepy.

Book a routine appointment if the sound keeps returning, continues after other cold symptoms improve, wakes you at night, or limits exercise. You should also arrange follow-up if a clinician has noticed reduced or unusual sounds and recommended reassessment.

- Severe trouble breathing or an inability to speak normally
- Blue, grey, or unusually pale lips or skin
- Sudden stridor, choking, or suspected airway blockage
- Swelling of the tongue or face, especially after food, medicine, or a sting
- Fainting, confusion, or marked drowsiness
- Severe chest pain or rapidly worsening breathlessness

How the cause is found

A healthcare professional will ask when the sound began, whether it comes and goes, and whether anything triggers it. They may ask about coughing, fever, allergies, choking, smoking or vaping, workplace exposures, and previous heart or lung problems.

They will listen to different areas of your chest while you breathe. The location, pitch, timing, and response to coughing can provide useful clues. Your breathing rate and blood oxygen level may also be checked.

Depending on your symptoms, tests may include a chest X-ray, breathing tests such as spirometry, infection testing, or blood tests. Not everyone needs testing. Sudden or severe symptoms are assessed more quickly.

Treatment and self-care

Treatment is aimed at the cause rather than the sound itself. For example, prescribed inhalers may help airway narrowing, while a bacterial infection may sometimes require antibiotics like amoxicillin or doxycycline . Antibiotics do not treat viral colds.

If symptoms are mild and linked to a cold, rest, fluids, and avoiding smoke or vaping may help. Gentle coughing can move mucus, but forceful repeated coughing may irritate the airways. A humidifier should be cleaned regularly because mould and germs can grow in it.

Use prescribed inhalers according to your personal treatment plan. Do not use another person's inhaler or leftover antibiotics.

Do not try home treatment for stridor, choking, severe breathlessness, or signs of a serious allergic reaction. These require urgent assessment.

What to expect

Breath sounds caused by congestion or a respiratory infection often ease as swelling and mucus clear. Some coughing or noisy breathing can remain after the main infection has improved.

Sounds linked to asthma or another ongoing condition may return with particular triggers. Keeping a note of when the sound occurs, what it sounds like, and any related symptoms can help at an appointment.

A sound that persists, repeatedly returns, or becomes more noticeable should be reassessed rather than assumed to have the same cause each time.

Common questions

Can I identify a lung condition from the sound alone?

No. Different conditions can produce similar sounds, and recordings made on a phone may not capture them accurately. Other symptoms and an examination are usually needed.

Is all wheezing serious?

Wheezing can occur with common infections or temporary irritation, but it deserves medical review if it is new, recurring, or accompanied by breathlessness. Severe or rapidly worsening breathing difficulty is an emergency.

Are crackles always pneumonia?

No. Crackles can occur with mucus, small airways reopening, fluid in or around the lungs, and several other conditions. Fever, cough, oxygen level, and examination findings help clarify the cause.

Why might breath sounds be quieter on one side?

Possible reasons include shallow breathing, a blocked airway, or air or fluid around a lung. Because this finding is difficult to judge without a stethoscope, it should be interpreted by a healthcare professional.

Sources

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