

## Whispering Pectoriloquy

### Definition

- Increased quality and loudness of whispers that are heard with a stethoscope over an area of lung consolidation; the examiner can clearly identify the words the patient is speaking/whispering upon auscultation of the chest
  - Normal, air-filled lungs filter out high-pitched sounds. When consolidation is present, the high-pitched voice sounds are not filtered and therefore heard by the examiner

### Indications

- Pulmonary physical exam
- To determine the presence of fluid in the lungs (e.g. pneumonia, pleurisy, or emphysema)

### Technique

1. The patient should be sitting comfortably
2. Instruct the patient to whisper “1-2-3” or “ninety-nine” every time you touch them with your stethoscope
3. Place the diaphragm of your stethoscope over their trachea and listen
4. Now listen over the lung fields and see if you can find anything that sounds like what you heard over the trachea
5. Have the patient whisper different numbers/words and see if you can identify it

### Results

- Positive: the examiner can clearly identify the words the patient is saying. This indicates an area of lung consolidation
- Negative: muffled/undistinguishable words noted indicating normal lung tissue

### Pearls

- Voice high frequencies are more readily transmitted to the chest wall in abnormal lungs as compared to normal lungs
- Pectoriloquy literally means, “chest speaking”

### References

1. Bickley LS et al. Bates' Guide to Physical Examination and History Taking. 11th ed. Philadelphia, PA: Lippincott Williams & Wilkins. 2013;314-5.
2. Orient, JM. Sapiro's Art and Science of Bedside Diagnosis. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins. 2010;299.