

Types of pain in acute abdomen

Pain is the most common and most important symptom in all types of acute abdomen. There are three types of pain in NPB:

1. Visceral pain
2. Visceral pain with radiation
3. Somatic pain

Visceral pain

It is caused by **irritation of the intra-abdominal organs**; the organs have more superficial irritation, and the process has not yet reached the peritoneum.

The stimulus is the **contraction or expansion of the organ**, in the case of parenchymal organs, **increased tension of the capsule**. Cutting and stabbing do not cause visceral pain - therefore it is possible to perform a biopsy (e.g. of the stomach) without anaesthesia.

- Pathway of visceral pain: irritation of sensitive receptors in the organ - vegetative nn. splanchnics (sympathetic) - spinal cord - thalamus - g. praecentralis, where **exact organ localization is missing**.
- Clinically: dull pain without precise localization, mostly in the midline, lack of a relief position (the patient is looking for it, cannot find it, is restless), lack of **muscular defence**

Visceral pain with radiation

It occurs when organs are more deeply irritated than visceral pain.

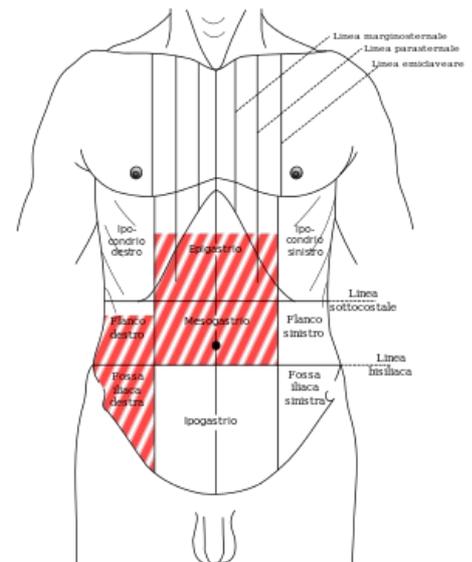
- Clinically: more permanent pain with radiation in a typical direction (appendicitis - from the navel to the right iliac fossa, cholecystitis - right hypochondrium, right shoulder, right shoulder blade, pancreatitis - from the navel to the inside of the abdomen)

Somatic pain

It is caused by irritation of the peritoneum during deep organ damage.

The stimulus is toxic substances, substances with a different pH and osmotic pressure than in the abdominal cavity (contents of the GIT after perforation, blood, pus, urine), mechanical distention.

- Pathway: sensitive receptors on the skin, lower and upper limbs, peritoneum, pleura - somatic intercostal nerves - spinal cord - thalamus - *gyrus praecentralis* **according to the homunculus, it can therefore be precisely localised**.
- Clinically: sharp, precisely localized pain, there is a relief position (the patient takes it, he does not like to leave it, he is not restless as in visceral pain), there is a muscular defense.



Projection and radiation of pain in appendicitis

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