



Acute vs. Chronic Presentation of Visceral Pain

Visceral pain is by definition pain sensed as arising from the internal organs of the body. There are multiple etiologies for pain sensed in internal organs, including:

- Inflammation (acute and chronic), including inflammation caused by mechanical irritants (e.g., kidney stones)
- Infection
- Disruption of normal mechanical processes (e.g., gastrointestinal dysmotility)
- Neoplasms (benign or malignant)
- Alterations in nerves carrying sensations from the viscera
- Ischemia

Visceral pain may take many different forms, and so processes that may be associated with life-threatening or readily reversible conditions need to be considered with all presentations. However, isolated events with an acute presentation and spontaneous resolution are not uncommon. The level of investigation needs to be guided by prudence and by the persistence or recurrence of symptoms.

Traditionally, chronic visceral pain has been categorized as either “organic,” caused by a pathological lesion that is detectable by standard diagnostic measures, or “functional,” where the etiology remains obscure and may be due to as yet undefined changes in visceral hypersensitivity at either the peripheral or central level.

A patient history and physical examination are sufficient to determine a functional diagnosis in most cases. An appropriate work-up may include laboratory tests for infectious and inflammatory processes, as well as imaging of sites that are not readily assessed by physical examination. Treatment of visceral pain disorders should not be delayed unless such treatment would obscure the diagnostic work-up.

When pains of similar quality and location recur that have been previously investigated for life-threatening processes, they may not need further investigation. Treatment of these symptoms as if they resulted from a reversible process (e.g., infection) may be inappropriate. However, failure to address new symptoms may be equally inappropriate.

Pain is distressing, and underlying psychological and psychiatric processes alter responses to painful events. Reassurance and behavioral interventions are appropriate for all painful disorders, but may be of particular benefit when symptoms are recurrent or persistent. Sensory modulators may be appropriate for a therapeutic trial in cases in which no pathological cause is apparent.