

Visceral Pain in Intensive Care and Emergency Medicine

Guest Editor



Dr. Yu-Jang Su, MD

Director, Poison Center, Department of Emergency Medicine, MacKay Memorial Hospital, Taipei, Taiwan; Assistant Professor, Department of Medicine, MacKay Medical College, New Taipei City, Taiwan; Assistant Professor, MacKay Junior College of Medicine, Nursing, and Management, Taipei, Taiwan.

Interests: Emergency Medicine, Toxicology, Elderly, Trauma, Infectious disease.

Email: yjsu.5885@mmh.org.tw

Website: <https://www.researchgate.net/profile/Yu-Jang-Su>

ORCID: <http://orcid.org/0000-0003-0218-1944>

Submission Deadline: 28 February 2022

Online Submission System: <https://js.signavitae.com/ch/author/login.aspx>

Cooperative Associations



Ukrainian Society of Regional anaesthesia and pain medicine



Le CMAR Club des Médecins Anesthésistes Réanimateurs



Ελληνική Εταιρία Θεραπείας Πόνου και Παρηγορικής Φροντίδας

www.signavitae.com

Visceral Pain in Intensive Care and Emergency Medicine

Visceral pain is a commonly seen symptom presented to emergency room in daily practice. It arises from, in, or around internal organs, such as in the thorax, abdomen, or pelvis. The sensory nerves are triggered in and around the internal organs when compression, stretching, tearing, or areas of damage are detected caused by etiologies of infection, inflammatory process, even vascular emergencies. Usually, the pain is difficult to localize and is often referred to somatic structures. The underlying mechanisms are not well understood than somatic pain and it is typically a vague, dull discomfort that may accompany nausea, sweating, pale-looking, changes in blood pressure, heart rate, and body temperature.

Clinically, there are several circumstances of sequence in visceral pain, such as initial epigastric pain then migrated to right lower quadrant pain or initial lower abdominal pain then migrating to diffuse abdominal pain. Some vascular emergencies such as acute coronary syndrome even presented as epigastric pain rather than acute chest pain. To make accurate diagnosis, it is mandatory to understand the basis of referred pain is a key component of patient assessment. Nevertheless, with detailed history taking, appropriate diagnostic measures and careful consideration of therapeutic options, most patients can achieve satisfactory relief, some cases where a more aggressive approach is needed. Besides powerful medications can help you temporarily deal with visceral pain and more important to find out the cause of visceral pain. Treatment options for visceral pain depends on the underlying causes leading to visceral pain, a wide variety of medical, interventional, surgical and psychological approaches might to be needed.

We welcome you having abundant experiences in coping with visceral pain in intensive care and emergency medicine to submit manuscript to Signa Vitae, original study, reviews, or case letter.

Keywords: Internal organs; Referred pain; Visceral pain

Signa Vitae

Impact Factor: 0.338

Print ISSN: 1334-5605

Online ISSN: 1845-206X

©2021 MRE Press. All rights reserved



Scopus Preview

