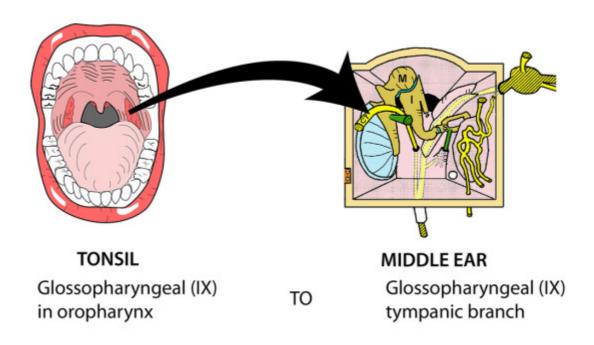
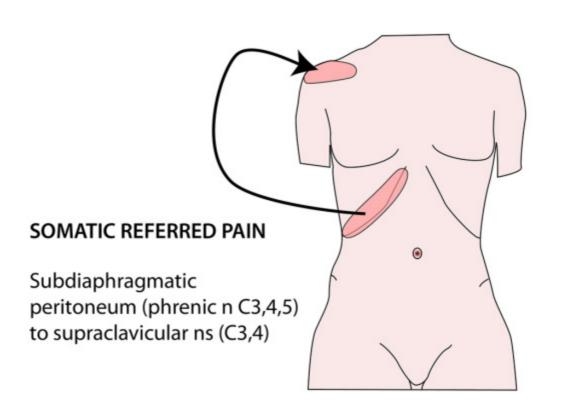
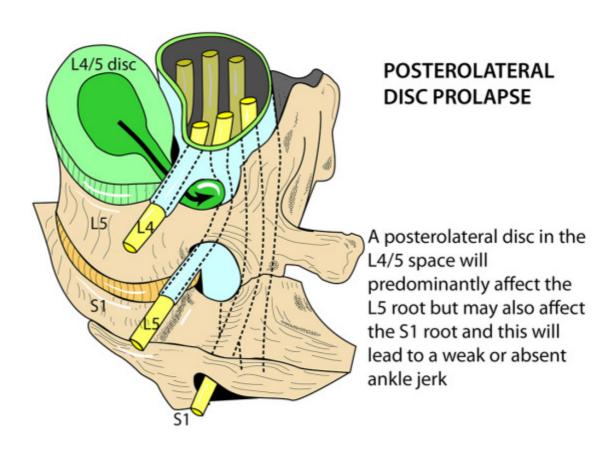
# **TYPES OF REFERRED PAIN**

- 1. Somatic to somatic
- 2. Pressure/trauma to nerves
- 3. General visceral afferent (Associated with autonomics)

## SOMATIC TO SOMATIC REFERRED PAIN



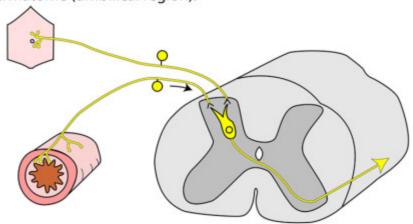


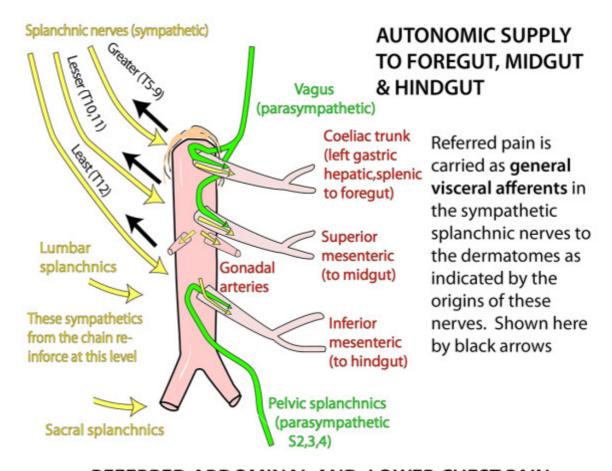


#### REFERRED PAIN VIA THE AUTONOMIC PATHWAYS

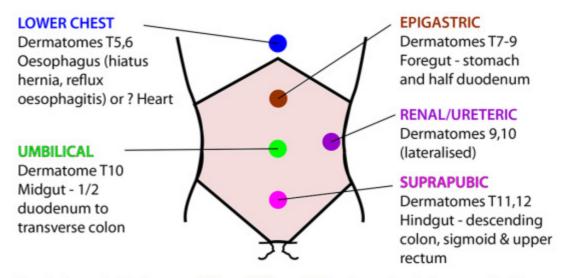
Pain from an internal organ is usually felt in a more superficial region such as a dermatome. Travelling in **General Visceral Afferents** with the sympathetics the pain signals from the inflammed viscera enter the dorsal horn of the spinal cord and converge on the same neurones that are receiving sensory input from distant SOMATIC structures. The CNS cannot distinguish between the incoming signals and incorrectly assigns the visceral pain to a somatic area.

Here, for instance, the pain from the inflammed appendix is being referred to the T10 dermatome (umbilical region).





## REFERRED ABDOMINAL AND LOWER CHEST PAIN



All pain is carried in "general visceral afferents" by the splanchnic sympathetics, via the sympathetic chain to the spinal card. It is then referred to the dermatome of that level. Note that all pain for the gastro-intestinal tract and related structures is midline because of its origin from the midline "gut tube". Pain from the urinary tract can "lateralise" as it was formed bilaterally

### **AUTONOMIC REFERRED PAIN**

General visceral afferents from the heart (via sympathetics) refer pain to:
Neck
Left arm
Epigastrium

Note that the T5,6
sympathetics not only supply the heart but also the lower
oesophagus and stomach so the body can confuse indigestion with coronary pain.

