

Acute onset of abdominal pain may herald a serious condition: severe, persistent new symptoms may require urgent medical assessment.

Colicky pain (comes and goes in waves) generally signals a gut-related problem, as it results from the propulsive waves of gut movement (peristalsis) that become painful in conditions such as colitis, Irritable Bowel Syndrome and constipation.

Colicky pain in the kidney area or in the groin may be suggestive of renal colic: pain in the ureter due to blockage by a stone, for example.

More constant pain can result from a variety of causes and is not within the remit of this article. Naturally, if there is fever, then infective causes such as appendicitis may be suspected.

Basically, if there is unremitting severe pain, medical attention must be sought without delay.

Abdominal viscera are unresponsive to many stimuli, such as cutting or crushing, which would normally elicit severe pain. In general, pain fibres in the organs are sensitive to stretching or increased wall pressure.

Pain from abdominal organs is usually cramping or aching, dull, and difficult to locate exactly. There may well be associated symptoms: nausea/vomiting, sweating, and restlessness. Patients tend to move about in bed, and may occasionally find relief from changing position.

There may well also be **referred pain** from the organs to an area supplied by the same spinal nerve: hence liver pain may be referred to the right shoulder, for example. Pain may also be referred to the back, between the shoulder blades.

The peritoneum is a membrane that encloses the abdominal cavity. If it becomes involved (e.g. in peritonitis) there will be sharp, intense pain, the location of which can much more readily be pinpointed.

Appendicitis often causes this peritoneal type of pain, and as movement aggravates it, the patient will wish to lie completely still.