

| Toxic Causes                  |  |
|-------------------------------|--|
| Lead poisoning                |  |
| Insect or animal envenomation |  |
| Black widow spider bites      |  |
| Snake bites                   |  |
| Uncertain Mechanisms          |  |
| Narcotic withdrawal           |  |
| Heat stroke                   |  |

Any patient with abdominal pain of recent onset requires an early and thorough evaluation. The most common causes of abdominal pain on admission are nonspecific abdominal pain, acute appendicitis, pain of urologic origin, and intestinal obstruction. A diagnosis of “acute or surgical abdomen” is not acceptable because of its often misleading and erroneous connotations. Most patients who present with acute abdominal pain will have self-limited disease processes. However, it is important to remember that pain severity does not necessarily correlate with the severity of the underlying condition. And, the presence or absence of various degrees of “hunger” is unreliable as a sole indicator of the severity of intraabdominal disease. The most obvious of “acute abdomens” may not require operative intervention, and the mildest of abdominal pains may herald an urgently correctable disease.

## ■ SOME MECHANISMS OF PAIN ORIGINATING IN THE ABDOMEN

**Inflammation of the Parietal Peritoneum** The pain of parietal peritoneal inflammation is steady and aching in character and is located directly over the inflamed area, its exact reference being possible because it is transmitted by somatic nerves supplying the parietal peritoneum. The intensity of the pain is dependent on the type and amount of material to which the peritoneal surfaces are exposed in a given time period. For example, the sudden release of a small quantity of *sterile* acidic gastric juice into the peritoneal cavity causes much more pain than the same amount of grossly contaminated neutral feces. Enzymatically active pancreatic juice