



UNRAVELING THE MYSTERY OF ACUTE AND CHRONIC PAIN IN THE CHILD AND ADOLESCENT

- Physiology of neonatal transmission reveals that at 7 weeks of gestation the fetus has development of skin receptors and neural tissue around the mouth.
- Nociceptive pathways are functional after birth, and pain produces significant physiologic and behavioral responses in both preterm and term neonates.
- Wide dynamic range neurons are responsible for referred pain due to organ convergence from skin/muscle and various visceral organs.
- Ascending and descending pain pathways have a role to play in the manifestation of pain.
- Over one-third of school-age children will sustain injuries severe enough to be treated by a doctor or nurse. The yearly costs have been estimated to be 1.8 billion dollars.
- Chronic “benign” pediatric pain persists for at least 1 to 2 years in 30% to 45% of cases.
- There are multiple misconceptions regarding pain in infancy and childhood.
- Genetics also play a role in pain perception.
- Multiple studies have shown that females have a greater risk for chronic pain syndrome and a higher prevalence of neuropathic pain than men.
- Gonadal hormones have significant influence on pain perception and analgesic responses.
- Pain assessment scales are different for various age groups.

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