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Editorial

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Which Pain is Treated at the Emergency Department?

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Pain is a discomport that nobody can feel the exact complain that is experienced by the others. Because, someone's pain is the mildest pain that we have. More than 50% of emergency department visits have pain complaint. Emergency physician's management of painly conditions and their sence clinic take an important role for making accurate diagnosis.

A 27-year-old healthy woman with complaints of right flank pain was admitted to emergency department for a while. She stated that previously she has been treated for her pain diagnosed as renal colic, and it recurred. She also had blurred vision. Nausea was positive obviouse vomiting was did not occur. 6-7 hours pased since the last emergency visit, and visual symptoms began immadiatly she was discharged. She was treated with a narcotic analgesic and metoclopramide. Additionally N-Hyoscine butylbromide was injected intravenously. Her vital signs were completely within normal limits. She did nor state any discomfort except right coctovertebral tenderness during physical examination. Her neurological examination including visual field was normal. There was no other signs in addition to her complaint and medical history. Tramadol 100 mg/IV infusion was administered as narcotic analgesia. After an hour her pain was decreased and she was not discomforted of blurring vision. The emergency physician had explain that sometimes blurring complaint may give rise due to side effect of drug hypersensitivity as she was administered. She was asked and advised to coming back if she became discomfortable again. Next day, she came back to the emergency department and suffered from vomiting, blurred vision, headache and described right flank pain again. This time the emergency physician examined the patient more carefully due to the new syptoms and brain computurised tomography imaging was obtained. The brain tomography revealed parenchymal hemorrhage at the right occipital lobe in 2x2 cm area. The patient was transferred to another hospital for neurosurgical intervention.

Now, we want to discussed the emergency setting. Many of the emergency physicians, it is concentrated on to the first and remarkable condition and this was the flank pain for our case. But the physician was not aware of the problem. Other symptomes were weak. Every emergency physician can think that the flank pain due to renal colic is the worst pain for someone can experience. But mainly in my estimation, physicians don't think that pain can cause to a serious complication. That is the interesting point of pain management.

'Pain' even should be considered as a vital sign and assessed accordingly. However, sometimes pain is not interrelated with other (as well as our case, pain and blurred vision) complaints may not assessed together. The reason of this could be a side effect of the drug, as it was seem in our case. Indeed, metoclopramide with anticholinergic and extrapyramidal effects, opiad by producing myozis with specific receptors , and Hiyosin N-butylbromide may be associated with anticholinergic effects may cause vision problems disrupting accomodation. The question ''Can an unrelated complaint accompany of pain' is important. In fact, a severe pain may lead to another complication, such as renal colic itself, which is defined as the worst labor pain by the experienced. However, severe renal colic can lead to a tear and bleeding in patients who have cranial arterial malformations and produce a clue for blurred vision due to its

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localization of the bleeding, as in our case. But, the unrelated complaint may be assessed as the side effects of lengthened medical treatment.

In such a case, how should an emergency physician behave in a way of treatment focused on hard work and careful examination. Although there is not a powerful guide to give vision to physicians, sense clinic which means what they thinks and feels the signs he/she estimates to exist in his/her patient, open the way of diagnosing and treatment. But either the physician must be a specialist or have forsight or have a senior experienced collague to consult and find out before deciding the optimal treatment and satisfy the patient. Sometimes emergency physician might be in state of asking for some tests unneceserily or showing responsibility by other consulting or referring the patient to other departments.

In other word, pain is an emergency setting that a physician must even be susceptible to the patient. This must not be forgotten.

CONSENT

The patient has provided written permission for publication of this manuscript.