

Fast pain	Slow pain
Occurs upon stimulation of <b>mechanical</b> and <b>thermal</b> nociceptors.	Occurs upon stimulation of <b>Polymodal nociceptors</b> that are sensitive to three types of sensation (Mechanical, thermal and chemical)
Carried by small, <b>myelinated fibers (Ad)</b>	Carried by small, <b>unmyelinated C fibers</b>
Produces <b>sharp</b> , prickling, electric sensation.	Produces dull, aching, burning sensation that is hard to describe
<b>Easily</b> localized.	<b>Poorly</b> localized
Occurs <b>first</b>	Occurs <b>second</b>
Acute and subsides easily	<b>Chronic</b> and persists for a longer time
Does <b>not aggravate</b> .	Starts as light and bearable pain, then <b>aggravates</b> and intensifies.
<b>Neospinothalamic tract</b>	<b>Paleospinothalamic tract</b>
very <b>few synapses</b> , less synaptic delay	<b>greater</b> synapses & synaptic delay
<b>Termination</b> -terminate in the reticular substance (Less than 25%) -Most terminate in : <b>ventrobasal complex</b> of the thalamus (VPL and VPM)	<b>Termination</b> -10 to 25 % of the fibers terminate in the thalamus -Most terminate in : 1. <b>Reticular nuclei</b> of the brainstem 2. Tectal area of the mesencephalon (midbrain) 3. Periaqueductal gray region/matter
does <b>not</b> travel to the <b>intralaminar nuclei</b>	project to the <b>intralaminar nuclei</b> of the thalamus
go to the somatosensory area of the <b>cerebral cortex</b>	Very <b>few</b> fibers complete their pathway to the <b>cerebral cortex</b>