



# Arachnoiditis Bulletin 1

## DEFINITIONS USED IN THE ARACHNOIDITIS EDUCATION PROJECT

**ARACHNOID:** It is the middle layer of the covering of the spinal cord and brain which is usually referred to as the thecal sac or meninges. The inner layer is called the “Pia Mater”. It is extremely thin and fragile. The outer layer is the dura which is thick and firm. The arachnoid middle layer contains blood vessels and can become inflamed if irritated or damaged.

**ARACHNOIDITIS:** Inflammation of the arachnoid layer which can be caused by trauma, infection, toxins, or friction between the arachnoid layer and spinal cord or nerve roots. (ICD-10, G03.9)

**ADHESIVE ARACHNOIDITIS:** This condition is present when there are adhesions between the arachnoid layer and the spinal cord or nerve roots in the cauda equina. Adhesions are seen on contrast magnetic resonance imaging (MRI). (ICD-10, G03.9)

### **CAUDA EQUINA SYNDROMES**

**ACUTE:** Sudden compression of the nerve roots below the lumbar one vertebra (L-1). It is usually caused by severe trauma. Emergency surgery to relieve the compression is often necessary.

**CHRONIC:** Chronic pain, bladder and/or bowel dysfunction, and lower extremity (legs) impairment are the typical symptoms. An MRI will show nerve root inflammation, as evidenced by edema (swelling), clumping, and/or displacement, but there are no distinct adhesions which attach the nerve roots of the cauda equina to the arachnoid lining.

### **FIBROSIS:**

**EPIDURAL:** Scar tissue in the epidural space which has resulted from inflammation.

**INTRATHECAL:** Scar tissue inside the spinal canal or thecal sac which has resulted from inflammation.

**TARLOV CYSTS:** A cyst or outpouching of a spinal nerve root. (ICD-10, G96.19) Often called a “perineural” cyst.

ICD-10 numbers are given where appropriate.

The mission of the arachnoiditis education project is to bring diagnosis and treatment to every community.

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