



**EMERGENCY TREATMENT FOR
EARLY OR SUSPECTED ARACHNOIDITIS (AA)**

INDICATION: A patient who has these symptoms within about 90 days after an epidural or spinal tap.

Lumbar pain plus 2 of these symptoms:

1. Burning/painful feet
2. Bladder hesitancy/difficult to empty, can't hold urine
3. Can't sit or stand in one place over 10 minutes
4. Headache
5. Blurred vision
6. Tinnitus (ringing in ears)

TREATMENT:

1. 6-day methylprednisolone (Medrol®) dose pak
2. Ketorolac (Toradol®) - 30 - 60 mg injection, daily for 3 days
3. Medroxyprogesterone (PO) - 10 mg BID for 5 days

INTERPRETATION: If the patients pain and some other symptoms improve, a diagnosis of early arachnoiditis, cauda equina inflammation, or other CNS neuroinflammatory process has essentially been established. If, at the end of emergency treatment, clinical improvement is apparent, we recommend use of our regular adhesive arachnoiditis protocol. If no improvement occurs, the logical conclusion is that pain and other symptoms are non-inflammatory.

Our starting protocol for adhesive arachnoiditis is available on request.

Contact Information:

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