



## **CONFUSION OVER DIAGNOSIS OF ARACHNOIDITIS**

**MOST COMMON COMPLAINT WE GET:** Practically every week some unfortunate person complains that they can't get a diagnosis of arachnoiditis when they are sure they have it, or the radiologist didn't mention it.

### **TWO REASONS FOR FAILURE TO DIAGNOSE ARACHNOIDITIS:**

1. Lack of education ("Ignorance");
2. Don't want to admit it ("Cover-up").

### **THE DIAGNOSTIC REQUIREMENTS:**

1. Identification of an initiating event-trauma, needle puncture (epidural, spinal tap); scoliosis, osteoarthritis, bulging discs, osteoporosis, Ehlers-Danlos Syndrome, Tarlov Cysts.
2. Typical symptoms: burning feet, sensation of water or bugs on the skin, back pain, urinary delay, blurred vision, can't sit or stand long in one position.
3. Elevated blood inflammatory markers are supportive evidence.
4. MRI confirmation.

## **DEFINITIONS MATTER – THEY ARE SOMETIMES MISUSED!**

**ARACHNOIDITIS:** Inflammation of the arachnoid layer of the spinal canal covering.

**LUMBAR NERVE ROOTS CLUMPING:** This is a pathologic of disease occurrence seen on an MRI but, by itself, is **NOT** arachnoiditis. Is correctly called "cauda equina syndrome".

**ADHESIVE ARACHNOIDITIS:** This is a pathologic or disease diagnosis given when lumbar nerve roots are seen on an MRI to be "stuck" or "glued" to the spinal canal covering (arachnoid layer).

**CERVICAL (NECK) OR THORACIC ARACHNOIDITIS:** There are no hanging nerve roots in the cervical and thoracic spines, therefore, adhesions are rarely, if ever, seen on MRI's of the neck or thoracic spine. A diagnosis of cervical or thoracic adhesive arachnoiditis is, therefore, made based on symptoms and evidence of arachnoid inflammation on an MRI.