Adhesive Arachnoiditis
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PROTOCOL FOR EMERGENCY TREATMENT
OF STRONGLY SUSPECTED LUMBAR-SACRAL ADHESIVE ARACHNOIDITIS (AA)

INDICATION:

A patient who has these symptoms within about 60 days after an epidural corticoid injection, spinal tap, or spine surgery.

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. Leg pains

Any patient who has had a spinal tap, epidural injection, or spine surgery and later experiences severe pain and some other neurologic symptoms, is a candidate for emergency treatment.

Treatment:

1. 6-day methylprednisolone, 2 or 4 mg (Medrol®) dose pack
2. Ketorolac (Toradol®) – 30 – 60 mg injection, daily for 2 or 3 days

Options: Add Medroxyprogesterone (PO) – 10 mg BID for 5 days or minocycline 100 mg BID for 5 days

Interpretation: If the patient's pain and some other symptoms improve, a diagnosis of early adhesive arachnoiditis, cauda equina inflammation, or other CNS neuroinflammatory process has essentially been established. If, during or at the end of emergency treatment, clinical improvement is apparent, we recommend use of our regular lumbar-sacral adhesive arachnoiditis medical protocol. (Request or see our website.) If, no improvement occurs, the logical conclusion is that pain and other symptoms are non-inflammatory.

SPECIAL NOTE – SEVERE PAIN FLARE

This protocol can be used for a patient with known adhesive arachnoiditis who develops a severe flare.

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