



GUIDE FOR THE DIAGNOSIS OF LUMBAR-SACRAL ADHESIVE ARACHNOIDITIS

I. HISTORY – COMMON PREDISPOSING CONDITIONS

1. Pre-existing spine condition: Herniated discs, kyphoscoliosis, arthritis, osteoporosis, stenosis, spondylolisthesis
2. Genetic/Inherited Disorders: Ehlers-Danlos/Hypermobility Syndromes, Marfan Syndrome, Tarlov cysts, Rheumatoid spondylitis, Chiari malformation.
3. Inciting or Triggering Event: Trauma, surgery, spinal-epidural injection, electrocution, infection, myelogram, caudal block, spinal cord tumors.

II. COMMON SYMPTOMS

1. Back and buttock pain that radiates to legs
2. Bladder dysfunction
3. Bizarre skin sensation (crawling insects, water dripping)
4. Burning feet
5. Leg weakness
6. Positional pain (worse or improved on standing/sitting)
7. Blurred vision
8. Leg pains, cold sensations
9. Loss of feeling in extremities
10. Shooting pains on turning of hips

This protocol is provided as a public service by the Tennant Foundation.

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III. COMMON PHYSICAL FINDINGS – NON-SPECIFIC/COMMON

1. Leg weakness – one side is common
2. Pain – straight leg raising
3. Loss touch/vibration sensation in foot, ankles, cold to the touch
4. Restriction of range-of-motion in arms and/or legs
5. Decreased reflexes – unilateral
6. Pain on pressure over lower lumbar-sacral area
7. Asymmetry of back musculature
8. Indentation of mid-back/spine area

IV. LABORATORY – SERUM ABNORMALITIES

1. Hormone panel: cortisol, pregnenolone, DHEA, progesterone, estradiol, testosterone

Interpretation: Low level – likely excess pain and inflammation

2. Inflammatory markers: erythrocyte sedimentation rate (ESR), C-reactive (CRP), Cytokine panel (interleukins, tumor necrosis factor)

Interpretation: If any elevated – likely excess of neuroinflammation

NOTE: Normal blood tests do not rule out arachnoiditis or the presence of neuroinflammation.

V. COMMON MAGNETIC RESONANCE IMAGING (MRI) FINDINGS OF ADHESIVE ARACHNOIDITIS (AA) IN THE LUMBAR-SACRAL SPINE

<u>AXIAL IMAGES (Head to Toe)</u>	<u>SAGITTAL IMAGES (Lateral View)</u>
<u>CAUDA EQUINA NERVE ROOTS</u>	<u>SPINAL CANAL OR THECAL SAC</u>
<ul style="list-style-type: none"> √ Enlarged √ Displaced √ Clumped √ Adhered to spinal canal covering √ Asymmetry 	<ul style="list-style-type: none"> √ Dilated √ Nerve roots enlarged √ Spinal fluid outside canal

SPECIAL NOTES

To make a definitive diagnosis of lumbar-sacral adhesive arachnoiditis, the patient should have a history of predisposing events, typical symptoms, some physical abnormalities, and abnormal nerve root abnormalities on MRI. Laboratory testing may be normal, and MRI abnormalities, by themselves, are not sufficient for a diagnosis of adhesive arachnoiditis. In summary, adhesive arachnoiditis is a disease that is diagnosed when history, symptoms, physical findings, and MRI abnormalities are compatible.