ADHESIVE ARACHNOIDITIS (AA)
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CRITICAL DIFFERENCE BETWEEN ARACHNOIDITIS (ARC) AND ADHESIVE ARACHNOIDITIS (AA)

All parties concerned with spinal canal inflammatory disorders (SCID), including practitioners, patients, and families need to clearly understand the difference between arachnoiditis (ARC) and adhesive arachnoiditis (AA). Prevention and treatment are different.

ARACHNOIDITIS: This is inflammation of the arachnoid layer of the spinal canal covering (meninges or theca).

CHARACTERISTICS

- Usually caused by a protruding, inflamed intervertebral disc, hereditary collagen disorder of the Ehlers-Danlos type, needle puncture, or toxic substance from an epidural injection.
- Pain ranges from mild to severe neck or back pain.
- Diagnosis is clinical, based on history, symptoms, and physical exam. MRI is only suggestive, not diagnostic.
- May be a precursor or predecessor to cauda equina inflammation and adhesive arachnoiditis (AA).
- Blood tests may not always show elevated inflammatory markers.
- May cause Tarlov cysts.

ADHESIVE ARACHNOIDITIS: This is combined inflammation in the cauda equina nerve roots and arachnoid layer of the spinal canal covering. The two sites of inflammation both produce adhesions which glue or adhere the two tissues together into a mass inside the spinal canal.

CHARACTERISTICS

- Diagnosis is made by the presence of nerve root clumping and mass formation within the spinal canal and visualized on an MRI.
- May be the most severe cause of constant, intractable pain and warrants the most aggressive pain control treatments.
- Common precursor or predecessor disorders are ARC and/or cauda equina inflammatory disorder.
- Relief, recovery, and cessation of deterioration requires aggressive anti-inflammatory and neuroregeneration medications.
- Failure to aggressively treat AA leads to neurologic impairments, autoimmune manifestations, and a shortened lifespan.

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