



CERVICAL ARACHNOIDITIS (CA)

Very little has been written about cervical (neck) arachnoiditis (ARC). Why? There are no cauda equina nerve roots in the neck. These fine nerves number about 2 dozen in the lumbar-sacral spinal canal. On the new contrast MRI's, the cauda equina nerve roots can be seen to be inflamed, clumped, and stuck to the arachnoid-dural covering by adhesions. This diagnostic convenience is not available to us when it comes to the neck. The diagnosis of cervical arachnoiditis (CA) is made by a combination of symptoms, physical examination, and supportive MRI findings.

IMPORTANCE OF DIAGNOSING CA:
Our experience is that CA of the neck is usually accompanied by cervical, intervertebral disc degeneration and spinal fluid flow obstruction. Our research tells us that CA is the MOST painful disorder exceeding that of AA and metastatic bone cancer. The intractable pain syndrome often results.

DEFINITION CLARIFICATION: Arachnoiditis (ARC) means inflammation and scarring of the arachnoid covering of the spinal canal. On an MRI the only sign is thickening of the arachnoid-dural covering. Adhesive arachnoiditis almost solely found in the lumbar-sacral spine where cauda equina nerve roots become inflamed, clumped, and are adhered to the arachnoid-dural spinal canal covering by adhesions.

<u>USUAL HISTORY AND SYMPTOMS OF CA</u>	<u>MRI FINDINGS</u>
Degeneration or trauma to cervical discs Constant "24/7" pain Pain on extension of neck Weakness in arm or hand Restriction of arm extension Headaches Shoulder and upper arm pain spasms Contractures of shoulder and upper back muscles	Narrowing of spinal fluid stream (stenosis) Disc protrusion Thickening of arachnoid-dural covering

TREATMENT: Same as for AA, but pain control will likely require a full-scale protocol with opioids, a descending pain agent (adrenalin surrogate) and a neuropathic (electric current blocker). Gentle neck stretching and arm raising must be done often to enhance spinal fluid flow.

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