



ADHESIVE ARACHNOIDITIS (AA) Bulletin 26 September 2020

BEST DRUGS FOR AA FEATURE: KETOROLAC

If there is a drug that was made for AA, it is ketorolac. It is a potent pain reliever and suppressor of neuroinflammation. Ketorolac, in contrast to most anti-inflammatory agents, crosses the blood brain barrier in a good enough quantity to be effective in the central nervous system. Also, it can be used with other drugs including naltrexone.

How often can it be taken? It can be used 1 to 3 times a week. It cannot be taken daily. If taken more often than once a week, tests for internal bleeding and kidney damage will have to be done every 6 to 8 weeks.

Flares: Ketorolac can be combined with a corticosteroid (examples: methylprednisolone or dexamethasone) or an injectable opioid.

How taken? **Injection:** Dose is 15 to 60mg taken 1 to 3 times a week.

Oral: Dose is 10mg. Must be taken with food and/or antacids. Oral dosages may cause gastric upset and internal bleeding. Stop oral ketorolac if you develop black stools. If you use oral ketorolac, you will have to have a hemoglobin or hematocrit test every 6 to 8 weeks to catch any internal bleeding.

Nasal: A nasal ketorolac preparation called Sprix® is available. It is excellent for flares. It is expensive so insurance may not cover it.

Compound: Compounding pharmacists can make a ketorolac sublingual tablet or troche to be taken 1 to 3 times a week.



Every person with AA is advised to take **AT LEAST** one or two dosages of ketorolac each month even if no response is perceived. It will silently suppress inflammation that is inside the spinal canal and caused by either AA, chronic cauda equina syndrome, or EDS.

CAUTION

Persons who regularly take ketorolac need kidney (BUN or creatinine) and hemoglobin tests every 3 to 6 months to catch any adverse effects. Ketorolac should not be taken 5 days in a row.

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