



ADHESIVE ARACHNOIDITIS (AA)

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THERAPEUTIC TRIAL TO DETECT INTRASPINAL CANAL INFLAMMATION

Our research has determined that three different tissues in the lumbar-sacral spinal canal can be inflamed:

1. Cauda equina nerve roots
2. Arachnoid-dural spinal canal covering
3. Protruding (herniated) intervertebral disc

KEY POINTS:

- Inflammation of only the arachnoid-dural covering is called arachnoiditis (ARC)
- Inflammation of cauda equina nerve roots should appropriately be called cauda equina inflammatory syndrome
- Inflammation of both cauda equina nerve roots and the adhesive-arachnoid covering is called adhesive arachnoiditis (AA)

MAJOR PROBLEMS

1. MRI's can only identify with good assurance the presence of protruding discs and AA. If symptoms are caused by inflammation and restricted to the arachnoid-dural covering or cauda equina nerve roots, an MRI is only suggestive – not diagnostic.
2. Blood tests for inflammatory markers may or may not show elevations.
3. Only a therapeutic trial with potent suppressors of intraspinal canal inflammation will determine if active inflammation is present and needs on-going suppression.

THERAPEUTIC TRIAL

Methylprednisolone (Medrol® 6-Day Dose Pak) and/or ketorolac 30 to 60 mg on two successive days.

INTERPRETATION

If symptoms such as burning pain, sensation of insects/water on skin improve after the therapeutic trial, intraspinal canal inflammation is present, and on-going suppression of inflammation is needed. If no improvement, the cause of pain is some sort of nerve damage or biochemical deficiency.

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COMMON SYMPTOMS OF INTRASPINAL CANAL INFLAMMATION

Low back pain
Burning legs/feet
Insect/water sensations on skin
Pain on sitting
Pain on leg extension
Bladder/urinary dysfunction
Pain in buttocks and legs