

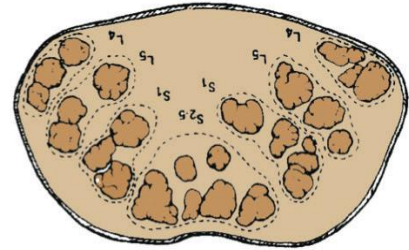
**DIAGNOSIS OF ADHESIVE ARACHNOIDITIS (AA)
FOR PRIMARY CARE MEDICAL PRACTITIONERS**

No. 1

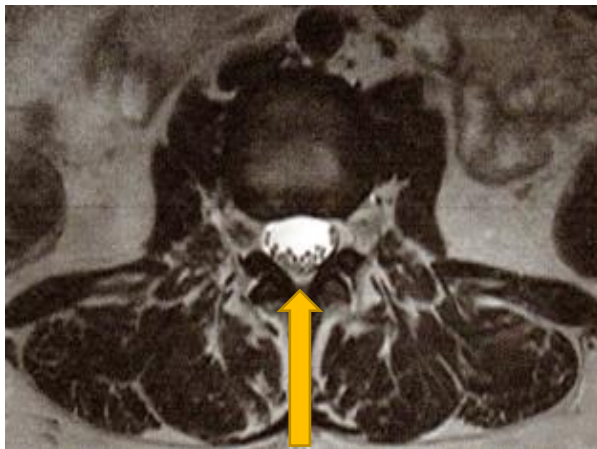
MRI DIAGNOSIS OF ADHESIVE ARACHNOIDITIS (AA)

The diagnosis of adhesive arachnoiditis (AA) by contrast magnetic resonance imaging (MRI) is relatively simple when one knows a few facts. Scientific achievements that make diagnosis possible by the primary medical practitioner is the mapping of the cauda equina nerve roots and contrast MRI technology.

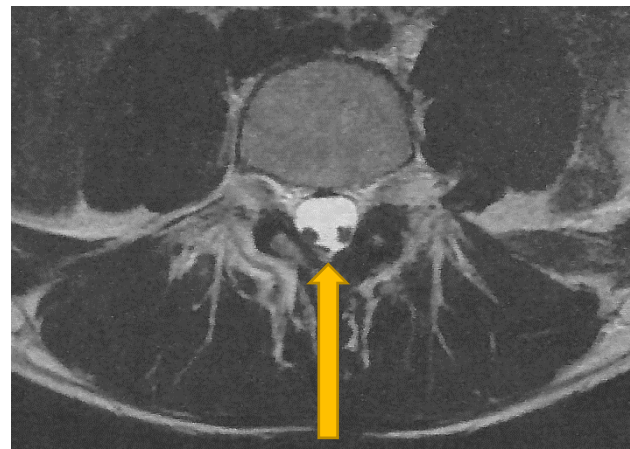
Here are AXIAL (head-to-toe) VIEWS of the Lumbar-Sacral Canal at about L4 - 5:



Map of normal nerve root placements in the spinal canal. Note the right and left symmetry.



Normal axial view of nerve roots inside the spinal canal. The white is spinal fluid. Note size, placement, and symmetry of the nerve roots.



Adhesive arachnoiditis. Note the asymmetry, mass formation, and attachment of the nerve root clumps to the arachnoid-dural covering.

WHAT TO LOOK FOR: The arachnoid is the inner or middle layer of the spinal canal covering, scientifically called meninges or theca. The outer layer is the dura. On the axial MRI view, one is, therefore, primarily looking for a mass or clump of cauda equina nerve roots that are adhered or “stuck” to the covering by adhesions.

This bulletin is the first of a series on MRI interpretation for primary care practitioners.

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