

SPINAL CANAL INFLAMMATION DISORDERS (SCIDS)
A NEW UNDERSTANDING OF IPS

For some time, it has been observed that low back pain can sometimes lead to the more serious condition of IPS. Patients have been loosely diagnosed as having “low back pain,” “back pain,” “failed back syndrome,” “degenerative spine,” or “degenerative disc disease.” No real attempts have been made toward a more specific diagnosis indicating specific pathology with treatment recommendations. About the only answers in the past for low back pain have been physical therapy, epidural corticosteroid injections (ESI’s), or surgery.

Our research has determined that the various tissues in and around the lumbar-sacral spinal canal can become chronically inflamed, and the inflammation can spread to multiple tissues in and around the spinal canal, much in the same way that rheumatoid arthritis spreads to the various tissues in a joint.

WHY IS THIS IMPORTANT?

If you have IPS that started with low back pain, you need to immediately understand that your underlying cause is most likely a SCIDS. It can and must be treated early to relieve pain and halt the progression of smoldering inflammation. When inflamed these highly innervated tissues become intense pain generators with over-amplified electrical signals. This is what causes IPS in these cases. Risky procedures such as surgery, ESI’s, spinal cord stimulators, and pain pump implants usually can be avoided by treating the inflammation that may smolder and progressively spread.

THE INFLAMMED TISSUES-SCIDS

The tissues that can become inflamed include: the intervertebral discs, exiting nerves, arachnoid dural covering of the spinal canal, and cauda equina nerve roots.

Some conditions resulting from the spinal canal inflammation include: epidural fibrosis, slipped or herniated discs, Tarlov cysts, arachnoiditis, chronic cauda equina syndrome, and adhesive arachnoiditis (AA). Collectively these conditions are classified as SCIDS. An individual may have inflammation in multiple tissues, and in multiple sites.

DIAGNOSIS OF SCIDS

The understanding of SCIDS has been fostered by the new contrast MRI’s. Confirmation can be aided by a blood test for inflammatory markers (ESR, CRP-HS, CYTOKINES), noting specific symptoms- (radiating pain, bladder dysfunction, burning skin, other), and therapeutic challenges with specific corticosteroids and ketorolac.



Take Home Message: If you have IPS due to “back pain” you need a diagnosis and specific anti-inflammatory treatment for it, or your pain may not improve.

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