



BLOOD TESTS FOR MEDICAL MANAGEMENT OF ADHESIVE ARACHNOIDITIS AND INTRACTABLE PAIN

1. Epstein-Barr Virus (EBV) Markers for Reactivation

- a. Viral capsid antigen antibody-IgG (abbreviated VCA)
- b. Epstein-Barr nuclear antigen antibody-IgG (abbreviated EBNA)
- c. Early Epstein-Barr nuclear antigen antibody-IgG (abbreviated early EBNA)

Interpretation: Elevations of VCA and EBNA above normal laboratory range indicate that EBV has reactivated in the past and has likely caused viral tissue infiltration, inflammation, and possibly autoimmunity. Early EBNA above normal laboratory range indicates current viral reactivation.

2. Hormones for Tissue Regeneration and Suppression of Neuroinflammation

- a. Pregnenolone
- b. Dehydroepiandrosterone (DHEA)
- c. Testosterone
- d. Option if not taking a corticosteroid: Cortisol

Interpretation: Low levels of any of these four are associated with increased pain, inflammation, and disease deterioration. Replenishment is required. If a person is taking a corticosteroid, serum cortisol will be low.

3. Inflammatory Markers of Excess Inflammation

- a. Erythrocyte sedimentation rate (ESR)
- b. C-reactive protein (CRP)
- c. Interleukins 1,6,8,9,10 (Note: laboratories usually offer interleukins as a panel)

4. Rule Out Autoimmune Disease Associated with AA

- a. Ankylosing spondylitis (HLA-27)
- b. Mixed connective tissue disease and systemic lupus
 1. Antinuclear autoantibody (ANA)
 2. Ribonucleoprotein (RNP)
- c. Rheumatoid arthritis (Rheumatoid factor-RA)