



POST DELIVERY
ARACHNOIDITIS CASE REPORT

This bulletin is motivated by the poor to absent care given to post-obstetric, spinal canal puncture, and epidural injection cases.

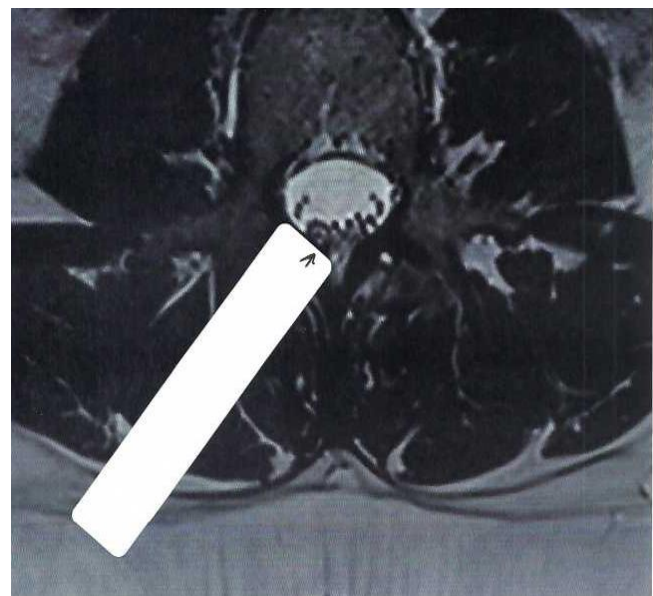
This Case: A 27 y/o woman had spinal anesthesia for delivery in December 2025. She had a post-delivery headache and was given a blood patch in January 2026. After the blood patch she had back pain with leg radiation. Her legs were burning and some numbness was present. A second blood patch was administered in February 2026 and her symptoms got worse. She consulted numerous physicians who had no answers and she became partially paralyzed. She was given a variety of medications and had IV methylprednisolone, 1000 mg a day, for 5 days. Her pain score was reduced from 10 to 6. In April she was started on the following:

1. Ketorolac 10 mg 2 times a week
2. Methylprednisolone 4 mg 3 times a week
3. Hydrocodone 5/375 mg prn
4. PEA 1200 mg in AM and PM
5. Glutathione 500 mg a day
6. Pregabalin and duloxetine

Below are two of her MRI images with notes showing the development of AA.



Clump of nerve roots appear to be attached to the arachnoid.



Nerve roots appear clumped and attached to the arachnoid.

Key Point: Treatment for this woman was delayed for about 4 months. Back pain and neurologic symptoms after a spinal tap, spinal anesthesia, or epidural injection calls for immediate evaluation and treatment to hopefully prevent AA.