TREATMENT OF ADHESIVE ARACHNOIDITIS (AA) FLARES

Adhesive arachnoiditis is a progressive, chronic, inflammatory disease. Chronic inflammation can go into remission, but it can also cause a flare ranging from mild to severe. Besides pain other symptoms such as bladder and bowel dysfunction, headache, and leg paralysis may be present. As a rule, the earlier a flare is treated, the easier it is to stop it. Below are our recommendations. Treatment can overlap.

Mild to Moderate Flare

A 6-day Medrol Dose Pak
Ketorolac, 15 to 30 mg injection
Methylprednisolone, 10 to 20 mg injection

Moderate to Severe

Ketorolac, 15 to 30 mg for 2 to 3 consecutive days
Methylprednisolone, 10 to 20 mg for 2 to 3 consecutive days
Option: Short-acting opioid, injectable hydromorphone, or oral oxycodone or hydromorphone

Severe

Methylprednisolone 50 to 100 mg intravenous a day for 3 to 5 consecutive days
Option: add injectable hydromorphone or fentanyl patch

Additional

Hydromorphone injectable 50 mg/ml, 5 mg sub cu
Source: Anazao Laboratories, Tampa, Florida
Or
Fentanyl patch, 12.5 to 50 mcg

Notes: Almost all communities have an infusion center that can provide IV methylprednisolone. All patients should be prepared for a flare. We believe all AA patients should learn to inject flare medicinals and peptides. Flares may occur without a cause at any time. Injections are more potent than oral medications.

This educational information is provided as a public service by "Arachnoiditis Hope."
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