STAGES AND CATEGORIZATION OF ADHESIVE ARACHNOIDITIS SEVERITY

Adhesive arachnoiditis (AA) is a progressive, autoimmune-inflammatory disease that may pass through stages. The category and stages are mainly determined by the number of cauda equina nerves that are inflamed, entrapped, and scarred inside the lumbar-sacral spinal canal. Below are the four stages and categories of AA.

□ **MILD - STAGE ONE**

	A	Extremities: full range of motion, strength, extension
	B	No urinary or central* symptoms
	C	Normal ambulation
	D	Intermittent pain. Non-opioid management is sufficient.

□ **MODERATE - STAGE TWO**

	A	Extremities: full range of motion, strength, extension
	B	Some urinary, gastrointestinal tract, and/or central symptoms
	C	Normal ambulation
	D	Constant pain, but manageable with low dose or intermittent opioids

□ **SEVERE - STAGE THREE**

	A	Extremities: some deficiency in range of motion, strength, or extension
	B	Has significant urinary, gastrointestinal tract, and/or central symptoms
	C	Ambulates with assistance (cane, walker, wheelchair)
	D	Severe constant pain that requires daily opioids

□ **CATASTROPHIC - STAGE FOUR**

	A	Extremities: significant deficiencies in range of motion, strength, or extension
	B	Significant urinary, gastrointestinal tract, or central symptoms
	C	Bed bound some of each day
	D	Ambulation requires assistance
	E	Severe intractable pain that requires palliative care and daily potent opioids

Notes on Interpretation: *Central refers to headaches, eye/ear/nasal symptoms such as blurred vision, tinnitus, vertigo, or nasal dripping. MRI findings do not necessarily correlate with staging although the severe and catastrophic categories usually show one or more of these findings: dense scarring of nerve root clumps, multiple clumps, lower spinal canal distension (empty sac), peripheralization, and/or calcification.

Categories can overlap. Mild and moderate categories have the best potential for amelioration. A three-component medical protocol (1. Suppression of inflammation; 2. Tissue regeneration; 3. Pain relief) with supporting diet and exercises is recommended for stages one, two, and three. Stage four/catastrophic requires palliative care for intractable pain. An implanted electrical stimulator or opioid infusion device may be necessary for palliative care.

This information is provided as a public service by "Arachnoiditis Hope" a project of the Tennant Foundation, 336 ½ S. Glendora Ave., West Covina, CA 91790.
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