

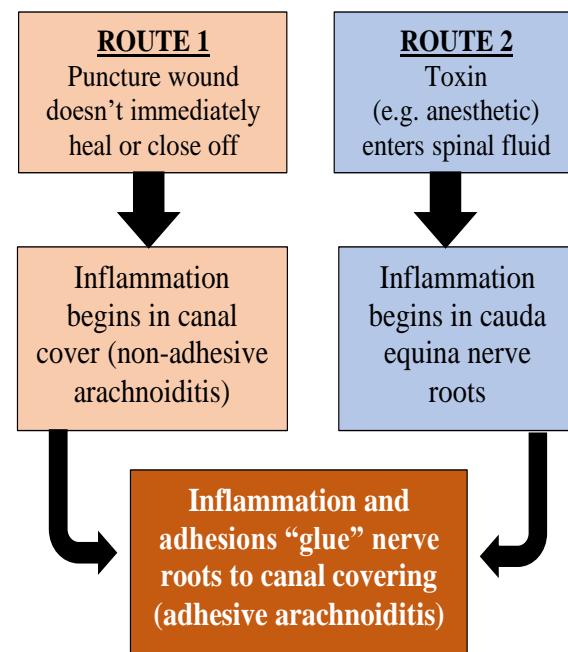
ADHESIVE ARACHNOIDITIS (AA) BULLETIN 70 NOVEMBER 2021

TIME FRAME AND PROCESS FROM SPINAL CANAL PUNCTURE TO ADHESIVE ARACHNOIDITIS (AA)

At least once a month we receive an urgent (often desperate) communication from a person who has begun to have some symptoms of AA (back pain, burning feet, headache, water sensation on skin, etc.) after a spinal tap, spinal anesthesia, or epidural injection for childbirth or therapy. In these cases, the unfortunate recipient has likely sustained a non-healing puncture of the arachnoid-dura (meninges/spinal canal covering). The puncture has inadvertently allowed a toxic contaminant (e.g. anesthesia) to enter the spinal fluid or has failed to close off and now has developed inflammation in the tissue around the open puncture. In almost all cases the person's physicians initially believed that the headache and other symptoms would go away within a few days. This belief is justified since most puncture wounds will immediately heal and anesthetics and drugs that enter the spinal fluid will rapidly be eliminated.

THE PROCESS: In some cases, the puncture remains open and won't rapidly heal and/or toxins that enter the spinal fluid don't clear fast enough to prevent inflammation in cauda equina nerve roots. In these unfortunate cases, about 10 to 20 days pass and the persons symptoms have not abated. Physician and patient may jump to the erroneous conclusion that the symptoms are simply due to a spinal fluid leak. They don't realize that an inflammatory process has begun. A blood patch is often given which, as often as not, causes an increase rather than a decrease in symptoms. About 20 to 30 days post-puncture, an MRI is typically done that is read as "normal" by the radiologist. The doctor then takes a "sigh of relief" and will likely tell the patient that nothing is seriously wrong.

POST-PUNCTURE PROCESS TO DEVELOP AA



FACTS: After a spinal canal puncture at least 60 to 90 days will elapse before AA shows on an MRI.

The pathologic process to develop AA is shown here. Aggressive treatment with corticosteroids and ketorolac are required at the onset of symptoms to hopefully prevent the development of AA. Do not delay as time is of the essence.

*Published as a public service by the Arachnoiditis Research & Education Project of the Tennant Foundation
336-338 S. Glendora Ave., West Covina, CA 91790-3043*

Phone: 626-716-2689 Fax: 626-919-7497

E-mail: tennantfoundation92@gmail.com

www.arachnoiditishope.com

www.intractablepainsyndrome.com

This information is not intended to diagnose, treat, cure, or prevent any disease, as this information is for educational purposes only, and is not a substitute for medical advice, diagnosis, or treatment. Please refer to your local qualified health practitioner for all medical concerns.