

CAUSES

The four basic causes of Adhesive Arachnoiditis are:

1) Anatomic disorders of the spinal structure

a) Any anatomic alterations that cause the spinal canal to narrow, bend, or otherwise distort the spine

b) Slipped discs, degeneration, spinal disorders, herniations.

2) Genetic collagen disorders;

a) Ehlers Danlos Syndrome (EDS)/Marfans

3) Trauma

a) Needle punctures, chemical irritants accidents

4) Autoimmune disorders

a) Lupus, rheumatoid arthritis and psoriasis.

Adhesive Arachnoiditis may be initiated by either damage to the arachnoid lining or to the nerve roots in the cauda equina.

REFERENCES:

All information in this brochure is from Dr. Forest Tennant, and the Arachnoiditis Research and Education Project of the Tennant Foundation.

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Dr. Forest Tennant's books:

**Adhesive Arachnoiditis: An Old Disease Re-Emerges in Modern Day Times* TIMES

**Handbook to Live Well with Adhesive Arachnoiditis*

Available on Amazon!



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SYMPTOMS OF ADHESIVE ARACHNOIDITIS

- Constant lumbar pain with a variety of neurologic manifestations.
- Back and buttock pain that radiates to legs
- Bladder dysfunction
- Bizarre skin sensations on legs (feeling of crawling insects or water dripping)
- Burning feet
- Leg weakness
- Positional pain (worse or improved with sitting and standing)
- Leg pains, cold sensation, spasms
- Blurred vision
- Headache, dizziness

DIAGNOSING AA

1. History of an inciting event or disease
2. Typical symptoms of adhesive arachnoiditis
3. Abnormal physical signs
4. MRI/CT findings

Critical for diagnosis of AA:

The presence of nerve root clumping and adhesions which attach the clumps to the arachnoid layer which is visible on a contrast MRI or CT.

Patients may have some, or all, AA symptoms, and physical signs.

Note: In early stages of Adhesive Arachnoiditis, if evidence is not immediately seen on a contrast MRI, these cases should be treated with a therapeutic medication trial.

TREATMENT

Treatment of adhesive arachnoiditis consists of the use of a three-component medical program, and special physiologic measures.

Three Medical Components

1. Suppression of neuroinflammation
2. Promotion of neuroregeneration
3. Pain Control



Adhesive Arachnoiditis

Patients with adhesive arachnoiditis need doctors in every community that can treat them. The medical treatment of patients can be locally managed by a PCP, NP, PA, or other specialist.

Timely treatment can potentially halt the progress of the disease. This may allow for fewer strong medications for pain control over time.

Treatment will enhance quality of life and improve functionality.

Our goal is to make AA a disease that will be easily recognized, and that every community will have skilled medical practitioners that will treat people with adhesive arachnoiditis.

DOCTORS, WE NEED YOU!