EMERGENCY TREATMENT AFTER SPINAL TAP OR EPIDURAL INJECTION

In unusual cases, symptoms suggesting AA may occur after a spinal tap or epidural injection (therapeutic or obstetrical). These symptoms may be the early development of AA. These symptoms may include localized, lumbar pain, headaches, burning sensations, dizziness, leg weakness, and bladder dysfunction. Spinal fluid leaks or blood in the spinal canal are often suspected in these cases. Regardless, if symptoms indicate the possibility that AA may be developing, we recommend emergency treatment to hopefully prevent the development of AA.

A problem that we have routinely discovered is that medical practitioners commonly have the false belief that they can see AA on an MRI when symptoms begin or within a few hours or days after a spinal tap or epidural injection. Following a spinal tap or epidural injection, AA does not show on an MRI for at least four to six weeks. Consequently, emergency treatment must be started on history and symptoms rather than on MRI findings.

At the "First International Congress on Arachnoiditis and Tarlov Cysts (2010)", the physicians, Donna Holder and Antonio Aldrete, recommended that methylprednisolone 500 mg be given intravenously every day for five days as an emergency treatment. Since then, we are aware that a variety of intravenous methylprednisolone attempts with different dosages and frequency have been used by physicians as emergency treatment to prevent AA. Dr. Aldrete opined that intravenous methylprednisolone is only effective in preventing AA if given within about 60 days after the spinal tap or epidural.

We have used the following alternative to intravenous methylprednisolone:

1. **Medrol® (methylprednisolone) six-day oral dose pack**
2. **Ketorolac 30 to 60 mg injection for three consecutive days**
3. **Medroxyprogesterone 10 mg given twice a day for six days**

In some, but not all cases, symptoms will abate during the week that either intravenous methylprednisolone or the alternative shown above are administered. In most cases, however, symptoms reduce but don't totally abate. The reason for this is unclear, but a reasonable assumption is that spinal canal inflammation may not be totally reversed once symptoms begin.

If pain and other symptoms don't totally abate, we recommend that the patient begin the three-component medical protocol described in another bulletin. Patients should remain in medical treatment until and if their pain and other symptoms resolve.

It is unclear why only a small percentage of persons who have spinal taps or epidural injections develop AA. It is also unknown why symptoms that begin after these procedures usually don't abate.