EMERGENCY PROTOCOL FOR SUSPECTED OR LIKELY ADHESIVE ARACHNOIDITIS (AA)

Candidates for Emergency Treatment: Two emergency measures are given here which can be attempted within about 120 days after an epidural injection, spinal tap, or surgical procedure. Clinical symptoms which suggest cauda equina inflammation or early adhesive arachnoiditis (AA) include sharp back pain, sensations of insects or water dripping on skin, headache, and burning pain in the feet.

Magnetic Resonance Imaging (MRI) May Not Be Diagnostic: MRI evidence of AA may not appear after a medical procedure for at least 6 to 12 weeks. The emergency measures given here can therefore be done based on symptoms during this period.

Emergency Option 1: Intravenous methylprednisolone 100 to 500 mg daily for 3 to 5 days.

Emergency Option 2:

1. Ketorolac (Toradol®) 30 to 60 mg (injection) once a day for 3 consecutive days.
2. Medrol® (methylprednisolone) 6-Day Dose Pak.
3. Medroxyprogesterone 10 mg 2 times a day for 3 to 5 days.

Notes to Consider:

1. AA only occurs when inflammation is present in both the cauda equina nerve roots and arachnoid membrane. A medical procedure that involves the spine may enhance or accelerate ("set off") existing inflammation to produce symptoms of AA.

2. The emergency procedures recommended here will likely produce only temporary or partial suppression of symptoms. Ongoing treatment will almost always be necessary.

3. Any patient who requires an emergency protocol should be evaluated for known risk factors of AA such as genetic connective tissue disorder (i.e., Ehlers-Danlos syndrome) and Epstein-Barr Virus (EBV) reactivation and autoimmunity.