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Arachnoiditis: Clinical Progression, Evaluation, and Management

David D. Nguyen, MD, dnguyenmd@gmail.com¹, Rene Przkora, MD PhD², Gulshan Doulatram, MD¹, (1) The University of Texas Medical Branch Department of Anesthesiology, League City, Texas, (2) Department of Anesthesiology, University of Texas Medical Branch, Galveston, Texas

Introduction: Arachnoiditis is a rare condition that affects many patients differently. Most cases are incidentally discovered on radiologic imaging.¹ **Materials and Methods:** After treating a patient in our institution with lumbar arachnoiditis, we performed a literature review to determine the epidemiology and the most optimal treatment plan for arachnoiditis. The term "arachnoiditis" was used as the search subject, and no distinction was given for cervical, thoracic, or lumbosacral anatomic location. The following medical search engines were utilized: Pubmed, Cochrane Library, United States National Library of Medicine, MDConsult, Medscape, Google and Google Scholar, Merck Manual, Web Directory of Medical Education, and UpToDate. **Results:** After examination of the resulting papers and reports, 26 publications were found that the abstract authors felt were of clinical relevance toward our case patient. Due to the relatively rare prevalence of arachnoiditis, randomized clinical trials are not available to formulate a recommended treatment algorithm.² Multiple etiologies were suggested in our literature review, including, but not limited to, prior spinal surgery, neuraxial anesthesia or steroid injections, infection, and syringomyelia.^{3,4} Magnetic resonance imaging is the recommended imaging modality of choice.^{1,3,5} Treatment options include non-steroidal anti-inflammatory drugs, narcotics, steroids, spinal cord stimulators, and microsurgery. **Conclusion:** Arachnoiditis is a rare condition, and treatment can be individualized for each patient. Further research on arachnoiditis will likely be beneficial in determining optimal treatment plans for these patients. **References:** 1) Koerts G, Rooijackers H, Abu-Serieh B, et al. Postoperative spinal adhesive arachnoiditis presenting with hydrocephalus and cauda equina syndrome. *Clin Neurol Neurosurg.* 2008 Feb;110(2):171-5. 2) Rice I, Wee MY, Thomson K. Obstetric epidurals and chronic adhesive arachnoiditis. *Br J Anaesth.* 2004 Jan;92(1):109-20. 3) Kalina J. Arachnoiditis. *J Pain Palliat Care Pharmacother.* 2012 Jun;26(2):176-7. 4) Wright MH, Denney LC. A comprehensive review of spinal arachnoiditis. *Orthop Nurs.* 2003 May-Jun;22(3):215-9 5) Thakkar RS, Malloy JP 4th, Thakkar SC, et al. Imaging the postoperative spine. *Radiol Clin North Am.* 2012 Jul;50(4):731-47.

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