WHICH CHRONIC BACK PAIN PATIENTS HAVE ARACHNOIDITIS?
By Forest Tennant M.D., Dr. P.H., Veract Intractable Pain Clinic, West Covina, CA

OBJECTIVE
To provide a short, simple, clinical interview that pain practitioners can use to identify the lower back pain patient who requires a diagnostic evaluation for the presence of arachnoiditis.

BACKGROUND
Low back pain is the most common problem that brings a patient to pain treatment. While the cause of low back pain in the majority of cases is degenerative in nature, an unknown, but definite percentage, have arachnoiditis. This condition, which appears to be increasing in incidence, can be catastrophic in that it is an inflammatory, progressive process that may cause severe, disabling pain, lower extremity paralysis, bowel and bladder dysfunction, sexual inability, and a systemic autoimmune disorder. Although previously thought to be a hopeless disease, recent reports show significant improvement and recovery in patients who receive specialized pain and neurogenic management.

METHODS
An 18 item questionnaire was given to 26 patients with arachnoiditis which was documented by magnetic resonance imaging (MRI). Specific questions were selected from a review of the literature and clinical observations of patients. Questions were directed at the presence of positional pain, bowel and bladder dysfunction, physical dysfunctions, character of the pain, and symptoms indicative of cerebrospinal fluid obstruction.

RESULTS
Remarkably all 26 patients reported that their pain was constant and that: (1) severe pain occurred with standing too long which caused the patient to sit or lie down; and (2) jerking or tremors in their legs. At least 23 of 26 (88.5%) patients reported: (1) intense episodes of heat and sweating; (2) difficulty initiating urination and/or defecation, and; (3) episodes of blurred vision. All patients had undergone a wide variety of spinal surgeries and procedures.

CONCLUSIONS
A patient should be suspected to have arachnoiditis if they have a typical clinical profile which consists of inability to stand long without severe pain, tremors or jerking in the legs, intense episodes of heat and sweating, difficulty initiating urination or defecation, and episodic blurred vision.

REFERENCES