



IS ADHESIVE ARACHNOIDITIS (AA) UNDERDIAGNOSED?

AA has been classified as a “rare” disease for several decades. In the early part of this century, however, confirmed cases began to appear in pain clinics prompting us to wonder if it is no longer “rare.” We now wonder if there are persons who have the disease and don’t know it. Early diagnosis leads to the best chance of treatment success.

HOW TO TELL IF ONE HAS AA?

Our arachnoiditis study project has conservatively reviewed over 1000 MRIs of confirmed AA cases. The majority have had back surgery and/or epidural injections. In our study project, we have identified 7 major symptoms of AA (below). If a person has 4 or more symptoms, they need an MRI to confirm a diagnosis of AA. The sooner the disease is recognized, and treatment is initiated, the better the chance for some relief and recovery.

	<u>SYMPTOMS</u>	YES	NO
1	In addition to chronic pain, do you ever experience sharp, stabbing pains in your lower back when you twist, turn or bend?		
2	Do you ever experience bizarre skin sensations such as crawling insects or water dripping down one or both legs?		
3	Do you ever have burning pains in your feet and/or groin/crotch area?		
4	Does your pain temporarily lessen when you stand or recline?		
5	Do you have leg weakness and/or pain that radiates down one or both legs?		
6	Do you experience any bladder dysfunction such as dribbling, or difficulty when starting or stopping urination?		
7	Do you sometimes have a headache, dizziness, or blurred vision?		

INTERPRETATION AND ACTION: If you have 4 or more of the symptoms listed, you very likely have AA and need to confirm the diagnosis with an MRI and begin treatment.

SPECIAL NOTE: Please share this diagnostic screen with friends and medical practitioners. We believe many persons have AA and don’t know it.