



PROTOCOL FOR EMERGENCY TREATMENT TO PREVENT ADHESIVE ARACHNOIDITIS (AA)

This protocol is for persons who develop symptoms suggestive of adhesive arachnoiditis after a spinal tap, epidural injection, or spinal surgery.

Symptoms: Back pain, radiating pain, sensations of water dripping or bugs crawling on legs, urinary dysfunction.

Time Frame: This protocol may be effective for up to about 12 weeks post trauma. MRIs do not show adhesive arachnoiditis for at least several weeks post trauma.

Procedures:

Option 1: Intravenous methylprednisolone, 100 to 500 mg daily for 5 consecutive days

Option 2:

- (a) Methylprednisolone (Medrol®) 6-day dose pak,
- (b) Ketorolac (Toradol®) 30 to 60 mg IM (injection) once a day for 3 consecutive days.
- (c) Progesterone 100 mg BID for 3 days.

Special Notes:

1. Some cases that have developed adhesive arachnoiditis after spinal medical procedures have been associated with reactivated Epstein-Barr virus.
2. If symptoms persist person should immediately start the protocol for ongoing medical management of AA in the week following emergency treatment.
3. Emergency treatment will hopefully prevent adhesive arachnoiditis, but once the symptoms above appear, the success in preventing AA is not outstanding.

References

1. Roglio I, et al. Neuroprotective effects of dehydroprogesterone and progesterone in an experimental model of nerve crush injury. *Neurosci* 2008;155:673-688.
2. Stuhaug A, et al. Methylprednisolone and ketorolac rapidly reduce hyperalgesia around a skin burn injury and increase pressure pain thresholds. *ACTA Anesthesiol Sand* 2007;31:1138-1146.

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