Other terminology

Posted by Louise - 12 Jan 2006 15:04

---

page deux...

Bonjour Doc Sarah,

On my old MRI (2004) it mentions in the lumbar spine,mild loss of disc signal is present at L1-2 through L4-5. Is this the location where the catheter for Depo medrol and Pantopaque were inserted? On the medical reports from previous years, presence of foreign solution is detected.

The MRI also states: there is adherence of the lumbar roots to the lateral aspect of the dural tube from the level of L2 becoming striking at the L3-4,5 and S1 levels.

I am assuming that scar tissues are pretty thick at L3-4-5 and S1.

If so, would that explain problems with constipation?

Would it also explain my inability to empty my bladder completely without pushing out?

Based on all the above, how can it affect the cervical and thoracic area? Does degenerative disorder go hand in hand with AA?

I really appreciate going out of your way to answer my questions. I just cannot bring all this information together. My brain is no longer calibrated properly!

Thank you

Louise

==========

Re:Other terminology

Posted by DocSarah - 02 Mar 2006 09:03

Hi Mitsuyo

I will try to answer some of your queries:

1) How far can the chemical travel? So, ESIs could remain local, correct? What else could affect the degree of spread? I had Epidural Anesthesia for child-birth three times. Before the first one, an anesthegiologist told me that I would need higher dose than usual due to the scar tissues caused by a previous lumber surgery. First labor ended up with a C-section with even higher dose of the drug and longer administration with additional Morphine injected via the same catheter for post-operative pain.

* amount of chemical administered? yes

* duration of such administration? yes

* number of such administration? yes

(2) Does the "traveling" or spread occur over time or in a very short period of time from the point of chemical insult? for oil-based myelogram dye there could be a fresh spread if the encapsulated droplets are disrupted e.g. by a fall; however, these days, most chemicals spread quickly once administered

(3) Can we assume that scarring will only spread as far as the chemical can reach? not necessarily

(4) Is scarring the beginning stage of Arachnoiditis? no, the first stage is an inflammatory response when the nerve roots swell; second stage, the scarring (fibrosis) begins; third stage the scar tissue sticks the nerve roots together and pulls them out around the dural sac, if severe the clumping may even obliterate the subarachnoid space, impeding CSF flow

(5) Is scarring itself different from arachnoiditis? in a way; what we are talking about most of the time with this forum is the severe form of arachnoiditis i.e. adhesive arachnoiditis; this is the clinically significant form. Asymptomatic arachnoiditis can be present without being a problem.

(6) If AA did indeed spread, would it show up on an MRI of different level/area? quite possibly

I had a fusion at L5-S1. I believe the Epidural Anesthesia was given at a higher level than that. My myelogram with CT showed clumping of several nerve roots at about L4.

(7) The same myelogram showed ventral extradural defects at L1-L2 through L4-L5. What does this mean? Is this a sign of existing scarring? it may reflect scar tissue inside and/or outside the dura, causing damage to the dura either distorting it or even compromising it's integrity

(8) I think there are two ways to "see" the progression of AA: progression of symptoms, which can be subjective and influenced by many factors, and progression of scarring, inflamation, clumping of nerve roots, etc, which can be seen in MRIs, etc. Can we assume that the latter progression can only be measured by comparing MRIs (CT, etc) obtained at different times?

it is important to remember that MRI findings often don't correlate well with symptoms. This holds true of all MRI appearances, not just for arachnoiditis. Also remember, MRIs are a static picture that doesn't show what happens when the patient sits/stands/walks

Hope that helps!

regards

DocSarah

==========

Re:Other terminology
Posted by DocSarah - 02 Mar 2006 09:04

_____

glad to help Ang

All the best to your sister

DocSarah

==========

Re:Other terminology
Posted by mitsuyo - 03 Mar 2006 00:17

_____

Dear DocSarah,

Thank you so much for answering my questions. As you can tell, I keep coming up with more questions! It's not that your answers are insufficient. Your answers actually help me see what I don't understand, because quite often I don't even know what to think or ask.

Anyway, referring back to my question (1) and (2): I believe I received higher dose than normal for Epidural Anesthesia all three times. It did take longer for me to "feel" the full effect of the drug. My first labor lasted almost 24 hours though I can'r remember at what point I started on the anesthesia (at least 12 hours), then I had to continue on Epidural for C-section and postoperative pain relief. For the second and third ones, I was on Epidural A for 3-7 hours each time (luckily no C-section).

I was lying pretty much flat during the Epidural administration, but the amount of chemical, duration and number of administration were high. I am wondering if the scarring is widespead in my case, but presenting only mild symptms.

My question (a) : How far could the chemical have traveled in these circumstances? As wide/far as oil-based dyes on tilted table? Or could it be still quite local (up to few spinal levels)? Could the ventral

extradural defects I mentioned be the evidence of the extent of chemical spread?

Even with widespread scarring, could the symptoms be still mild?

(b) Referring to the question (3): So, we can't necessarily assume that scarring will only sread where the chemical reach. How else, can scarring "spread"? Does scarring occur only as a result of inflammation due to some kind of insult to the area? Can scarring form without any "insult"? (I guess surgery is a different kind of insult than a chemical one.)

(c) Referring to the question (4): Can the clumping of nerve roots progress to become "severe" over time?

(d) When doctors (and we) in general talk about "scar tissues," are they referring to the scarring we are talking about here that occurs after inflammation of nerve roots?

My brain can't think any more today. Thanks for helping me out, DocSarah with my on-going queries. I hope you are indeed feeling better these days!

Best Regards,

Mitsuyo

==========

Re:Other terminology

Posted by DocSarah - 08 Mar 2006 19:31

_____

Dear Mitsuyo,

I'm afraid there are no definitive answers to your questions. I don't know all your details for a start (would need your medical records and to examine you etc.) but in principle, you could have widespread scarring on MRI with only mild symptoms.The ventral extradural defects may be related to arachnoiditis, but could be due to epidural scarring (outside the dura) distorting the dural sac.

IN answer to your query about spread, in some people, it seems that scarring does spread and I think this may be due to an autoimmune response. This can happen in people who have predisposition to autoimmune conditions such as rheumatoid arthritis, lupus etc. (maybe a family history). I think

chemically induced arachnoiditis is more likely to cause this effect.

As to progression: that again is difficult to answer. Generally, people tend to 'plateau out' and become quite stable apart from a pattern of flare-ups and remissions a bit like in other inflammatory conditions. But another mild trauma (a fall, accident, surgery) can trigger an exacerbation.

Scar tissue is a general term which can be used to mean epidural or intradural (arachnoid) scarring when used by non-experts.

Hope this helps!

Regards,

DocSarah

==========

Re:Other terminology

Posted by Ang - 09 Mar 2006 02:58

_____

Hi DocSarah

When you mention a "plateau", I know everyone is different, but in what type of time frame does this usually happen. Specifically, one year after last invasive procedure before AA diagnosis finally made, could the progression "plateau out"

Also, new MRI shows AA in L4,L5 with extensive fluid buildup in disc space, what could this mean in your opinion, doctor is following up with blood work to rule out infection.

Thank you so much for taking the time to answer my questions.

Regards,

Ang

==========

Re:Other terminology

Posted by mitsuyo - 09 Mar 2006 17:55

Dear DocSarah,

I sincerely appreciate the time and effort you put in to respond to my ever-going queries. Your answers have helped me tremendouly, and it's so great and comforting to know that there is someone in the medical field who can and will help us understand arachnoiditis better.

In my case, I know I have arachnoiditis as seen in a myelogram with CT. Luckily, my symptoms, though many, are fairly mild. I do know also that I have many other "mechanical" problems in cervical, thoracic and lumber spines. I also have many symptoms of some of the connective tissue diseases (are they considered autoimmune conditions?) such as Lupus and rheumatoid Arthritis as well as those of Lyme Disease. I went to see a different rheumatologist last week who happened to be a Lyme specialist, as I was urged to do so by my best friend who suffers from chronic Lyme because of so many Lyme symptoms I have.

Interestingly, many of arachnoiditis symptoms are very similar to Lyme symptoms. This doctor even suspects Lyme for me. She also mentioned Undifferentiated Connective Tissue multi system disease needed to be difined.

Also, last week before I saw her, I had another episode of near-faiting two nights in a row, one of which with scary new experience with sudden onset of unusually weak and heavy arms, shoulders and around the neck, then onto nausea, severe vision distortion (no flashing lights or zig-zag lines but just fuzzy bright thing), severe high-pitch ringing in ears, racing hreat, and feeling that I was going to pass out. I have had much less scary version several times since last October when I did pass out after vomiting violently for a few times. A Brain MRI was "stable", and an EEG was normal following that episode. This new doctor thought I might have experienced optic migranes (I had no headache all these times) though she wants to review my recent EEG I got after the fainting episode in October to see if she could detect even minor signs of seizures. She gave me Maxalt 10 mg to take at the onset of visual disturbance.

She also wants me to take a baby aspirin every other day to prevent blood clot. Also, she wants me to see a cardiologist to do 24 hour Holter Monitor, since my heart rate can get very fast at resting, which I can feel it and see in my shaking hands/arms with each heart beat.

Well, she ordered a lot of blood tests that day. She is going to explore any possibility of anything, including murcury poisoning and food allergy. During the examination, she mentioned "strep" as well as "septic" arthritis when she saw my red fingers.

Part of me thinks that most of my symptoms are from arachnoiditis and that nothing abnormal will show up in any test. Would this be a possibility that A could cause even these?

But then another part of me thinks (and even hopes) that I do have something else, hopefully something definable besides all my known "mechanicel" problems, since my A symptoms are mild and, particularly, I don't know if A could cause all these symptoms (non-mechanical nature) I am experiencing. Does it make sense to you?

That's why, basically, I want to understand as much as possible about Arachnoiditis. I did tell this new doctor that I knew I had Adhesive Arachnoiditis, which could cause so many of the symptoms of Lyme and that I just wanted to rule it out medically (so I wouldn't keep thinking "maybe"). I also told her that I wondered if she could see (and find) something that other doctors might have missed. Maybe they all come from my life-long neck problems, but would that be possible? Any thoughts? I know you don't know all the details of my medical history, but I am hoping that you can point me to something. I guess I can at least go back to all your articles and read them again!

Thanks for caring and listening.

Best Regards,

Mitsuyo

==========