## 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 Pantopague 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

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Re:Other terminology Posted by Ang - 23 Feb 2006 05:39

Hi Doc Sarah,

I am very happy to see that you have returned and hopefully are feeling OK, I appreciate your responses to Mitsuyo's questions. My sister had multiple ESI's and has had the AA seen on MRI in the lumbar spine. She does have neck pain and pain in shoulders and arms including tremor and spasms. Does this mean that because her problem began with chemical involvement, that her Arachnoiditis could have spread thru her entire spine.

She has recently started Lyrica and it does help somewhat with the burning in the legs but has been unable to control the pain level.

It is just so confusing, her neuro pretty much made her sound silly and paranoid when she asked if the damage could spread in spine. Could you please share your input? Thank you so much for all your info.

Best to you, Ang

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Re:Other terminology Posted by DocSarah - 25 Feb 2006 16:47

Dear Ang

no it doesn't necessarily mean the arach. would spread throughout the spine. It would be possible that it has spread where the chemical was placed and possibly up/down a spina level or two. The really widespread arach. comes from very toxic substances such as oil-based myelogram dyes, which spread throughout the spine when the X ray table was tilted.

Hope this helps.

regards

DocSarah

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Re:Other terminology Posted by Louise - 25 Feb 2006 18:17

Hello again, I have been following this thread. I really appreciate your input Dr. Sarah as well as from others.

You have just answered one of my questions as far as having had oil agent contrast injected in my spine, many times. It does make sense to me since I have AA at the lumbar surgical site, spinal stenosis at the cervical area and as well fybromyalgia, the trendy new disorder.

I certainly have noticed having my cognitive skills diminshing, slowly, for the past few years.

I have been trying to find some medical information proving that the tilting of the table while the oil agent contrast was being spread around the spine, could harm the spinal components. The reason why I am asking this is because it is assumed that these agents stayed in the area where AA is diagnosed and did not enter anywhere else. Insurance companies, WCB, and others will not honor any other complications unless it is proven that those procedures did damage the spine. So basically, is there any info or research showing the extend of the damages being done by the oil contrast agents.

Thank you

Louise Carbonneau Vermeiren

Re:Other terminology Posted by Ang - 26 Feb 2006 20:27

Thanks again Doc Sarah, your answer does help me understand that the ESI chemicals most likely did not reach the cervical area when done in the lumbar area. It is just that she has had neck involvement and certain nerve crisis. It helps me so much to read your entries that give me hope of a certain amount to quality of life. As an aside, she started Lyrica which does seem to help a bit with the burning pain in the legs. Thank you so much for calming me fears (somewhat)

Best to you

Ang

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Re:Other terminology Posted by mitsuyo - 01 Mar 2006 00:12

Dear DocSarah,

It's so great to have you back on the Forum! I hope you are feeling better. We are so grateful for all the answers and information you can provide for us.

Thank you so much for answering my queries on scarring. And your reply to Ang answered some of my NEW 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?
- \* duration of such administration?
- \* number of such administration?

(2) Does the "traveling" or spread occur over time or in a very short period of time from the point of chemical insult?

(3) Can we assume that scarring will only spread as far as the chemical can reach?

(4) Is scarring the beginning stage of Arachnoiditis?

(5) Is scarring itself different from arachnoiditis?

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

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?

(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?

I would really appreciate getting some answers/input on the above. And I am sorry again for adding more questions. Thanks again for all you do for us.

Best Regards,

Mitsuyo

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Re:Other terminology Posted by mitsuyo - 01 Mar 2006 00:13

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