Conclusion

As Staats et al, in 1999 (1) described,

"Spinal cord or nerve root toxicity may manifest itself as histologic, physiologic, or behavioural/clinical derangements after exposure to a spinal drug."

They maintain that

"the neurotoxicity of spinal drugs is a central safety issue."

They conclude:

"Overall most spinal drugs in clinical use have been poorly studied for spinal cord and nerve root toxicity...we hope that this review stimulates future research on spinal drugs to follow a systematic approach to determining potential neurotoxicity."

So once again, we can see that the modern technology which theoretically allows us easy access to the subarachnoid space, is deceptively easy and not without its price...a price that must unfortunately be borne by the patient, who is usually unaware of the cost until it makes its presence felt, unequivocally and irrevocably.

One such price being paid is that of arachnoiditis: a debilitating scientific orphan which is considered rare, but the true incidence of the condition remains to be exposed: we are truly only looking at the proverbial tip of the iceberg.

We need to be vigilant against causing new cases and active in seeking out ways of preventing them.

Moreover, should arachnoiditis be more fully researched and a cure be found, then at least these patients would not be condemned to a life of unremitting pain and disability.

However, as the situation stands at present, there is no such cure, and the continued, oftentimes somewhat cavalier practice of intrathecal injections (whether intentional or inadvertent) ignores Oldberg's timely warning 60 years ago, at the peril of the patient.

With the current litigious culture, perhaps some of this peril will be transferred to the clinician, who may not be subjected to devastating neurogenic pain, but could, nevertheless, find him or herself losing more than just face.

[1] Source:Staats PS and Mitchell VD Future Directions in Intrathecal Therapies October 1997 Online Pain Journal http://www.pain.com/interventional/free_cme/in_art_pa_fdfit.cfm