

Louise is trying to get as many people as possible to put a comment on the website that is promoting this new treatment delivering drugs in a 'jello' type substance directly into the CSF:

Hope you don't mind I just got on and did this! (got a lot on at the moment so didn't want to put it off and forget): do you want to put it on a word website?? It's on Louise's fb page as a comment.

Response to Dr Schoichet's video on CSF delivery of drugs to patients with spinal cord injury (<http://www.innovationcanada.ca/en/features/video>)

Since the 1930s, when neurologist Eric Oldberg warned about the risks of oil based myelographic dyes, there have been concerns about delivery of drugs into the cerebrospinal fluid. More recently, neurosurgeon Dr. Charles Burton, director of the Institute for Low Back and Neck pain in Minnesota, has declared the subarachnoid space, the 'salum sanctorum', that should not be breached.

More importantly, those who have undergone medical procedures involving invasion of the subarachnoid space, and who have developed the incurable neurological condition, arachnoiditis, are all too aware of the deleterious effects these procedures can have. From the early days of lipiodol and radioactive Thorotrast, on through the era of water-based myelographic dyes and more recently, intrathecal chemotherapy for different malignant conditions, arachnoiditis cases have been recorded in the medical literature.

Spinal and epidural anaesthetics and epidural steroid injections have also been implicated as have Chymopapain and hyaluronidase. Furthermore, use of agents such as Adcon-L in an attempt to reduce scar tissue caused by spinal surgery has proven ill-advised and resulted, when viewed at subsequent further surgery, in a gloopy mess that has in fact exacerbated the problem.

The proposed drug delivery within a hydrogel ('jello') medium carries a significant risk of triggering an inflammatory reaction in the extremely delicate arachnoid membrane, particularly in susceptible individuals such as those who have sustained spinal trauma (blood in the CSF may have already triggered an inflammatory reaction): the very patients for whom the treatment is being proposed.

Whilst I appreciate that the team who have developed this technique are attempting to improve the quality of life for those who have sustained spinal cord injury, I must sound a strong note of caution about the risk of unintended side effects. There is no cure for arachnoiditis, which causes severe, unremitting neuropathic pain as well as a wide range of other symptoms.

I have researched arachnoiditis for 13 years and have had contact with people with arachnoiditis around the world during that time. Further information on the condition can be found at :

www.theaword.org

Yours sincerely

Dr Sarah Fox MB BS PGDip Pain Management
Bristol, UK
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