

Miscellaneous problems such as osteoporosis (c.f. in RSD, or due to decreased mobility) low potassium (possibly due to medication), chest pain mimicking angina, recurrent sinusitis, dyspnoea are seen in a few patients.

Eye problems (see autoimmune symptoms) seem to be quite common, with some patients who have undergone myelography complaining of photoaversion. Patients may describe stabbing pains or tingling and seeing "stars".

There is an increased incidence of migrainous type headaches, often with auras. (but note the association between photoaversion and anticonvulsant treatment, particularly phenytoin and carbamazepine.) ([ii](#))

Recurrent dental problems are quite common. Many patients undergo repeated root canal procedures but continue to suffer from facial pain and odontalgia without attributable dental pathology.

A number of patients also suffer from bleeding gums (periodontal disease) and a few have "burning mouth syndrome".

It is possible that some of these problems are related to medications that cause dry mouth, the lack of saliva contributing to reduced protection against infection and caries.

The burning mouth symptoms could have a neuropathic component.

Dysphagia may affect some patients, especially those who have cervical pathology.

In particular, this may occur if there is arachnoiditis accompanied by degenerative changes such as anterior osteophytes.

However, it may also be experienced by those with only lumbar pathology, possibly as a result of oesophageal reflux (due to autonomic effects on vagal tone), which may also cause non-cardiogenic chest pain.

Pharyngeal symptoms may include feeling as if a lump is stuck in the throat, and this may be dismissed by some clinicians as "globus hystericus".

Fatigue is a very common complaint, and can be due to a variety of factors.

Weight gain is a common problem. This is largely to do with decreased mobility and possibly to fluid retention secondary to medication (from drugs such as: Amitriptyline, Gabapentin, Ibuprofen, Morphine and other opiates, prednisolone/methylprednisolone).

Alternatively, some patients may suffer weight loss, due to general debility and often, poor appetite.

The cognitive effects of arachnoiditis are anxiety and reduced ability to think clearly, with some short-term memory impairment. These are usually in direct proportion to the pain level being experienced. ([iii](#))

Sleep disturbance is common, and usually directly related to pain.

It may contribute to depression, which is an understandable reaction to intractable pain, loss of function, loss of role and job, financial and relationship problems as seen in other chronic, debilitating conditions.

Fear for the future (prognosis cannot be predicted) and uncertainty about the diagnosis substantially increase this problem.

Many sufferers are reluctant to admit to depression.

[i] Bayer A, Thiel HJ, Zrenner E, Paulus W, Ried S, Schmidt D *Nervenarzt* 1995 Feb; 66(2): 89-96 [Disorders of color perception and increase glare sensitivity in phenytoin and carbamazepine therapy. Ocular side effects of anticonvulsants.

[ii] Luoto S, Taimela S, Hurri H, Alaranta H *Spine* 1999 Feb 1; 24(3): 255-61 Mechanisms explaining the association between low back trouble and deficits in information processing. A controlled study with follow-up.

Kuhajda MC, Thorn BE, Klinger MR *Ann Behav Med* 1998 Winter; 20(1): 31-5 The effect of pain on memory for affective words.