Interpretation may be difficult due to the anecdotal nature of the data.

Although there is a predominance of over 50s age-group, it must be note also the predominance of respondents having suffered arachnoiditis for over 10 years (and in some cases over 20 years.) This would therefore indicate that the onset of the condition was in fact commonly in middle age. This has a significant bearing on the impact on the sufferers' lives and those of their families.

Looking at risk factors, the numbers of course reflect the fact that in the majority of cases, the condition is multifactorial in origin. There are, however, some 40 cases in which there were only chemical causes (no mechanical risk factors such as surgery, trauma or degenerative conditions).

Data about history of surgery/myelogram/epidural anaesthesia/epidural steroid injection refers to one or more of each type of procedure: i.e. if a respondent has several interventions, this is recorded only as one as regards incidence. This is to avoid confusing the data. Further breakdown of the data is also presented to attempt to clarify.

Data about site of lesion: Cranial involvement includes residue of oil-based myelographic dye in the skull seen on X-ray.

As regards concomitant autoimmune disorders: the overall total incidence of diagnosed autoimmune conditions was 154(i.e.48%): this refers to the total number of diagnosed conditions, but as some cases involved several concomitant conditions, it is helpful to look at prevalence: including fibromyalgia, there were 97 cases i.e. 30%. This is much greater than would be expected in the general population.

Pain was universally a part of the symptoms. As discussed in my article **"The Adhesive Arachnoiditis Syndrome",**
it may be of several types and in various sites. Overall, however, the neurogenic pain is the predominant feature and this tends to be a constant burning (dysesthetic pain), with intermittent stabbing and electric shock pains. (Lancinating).

Commonly there were also other features such as allodynia (pain due to non-painful stimulus, especially light touch) and bizarre sensations.
Data about the site of the pain obviously will reflect the site of the lesion, but it should be noted that headaches were common (189 cases=60%), regardless of the spinal area involved.