MRI has a significant role to play as part of the diagnostic process in arachnoiditis, especially bearing in mind that arachnoiditis often coincides with other spinal pathology, whether degenerative or persistent post-operative in origin.

Of course, one must always bear in mind the necessity of excluding treatable causes of spine-related symptomatology, not to mention that of ensuring that pathology in the pelvis, abdomen, chest etc. has not been overlooked (but note that MRI of the lumbosacral spine does not give an adequate view of the pelvis, ultrasound being more effective in this region).

MRI with or without contrast remains a valuable diagnostic tool in assessing persistent low back and leg pain, but, as Light ([1]) comments:

"It is up to the clinician to decide whether the abnormality is the cause of the patient's symptoms or not."

It is to be hoped that clinicians' understanding of the ways in which arachnoiditis presents will allow for readier recognition of this hitherto under-diagnosed condition.

Sadly, at present, as Dr. Charles Burton of the Institute of Low Back and Neck Care in Minnesota remarks ([2]):

"most clinicians and radiologist are presently uninformed regarding quality studies and their interpretation",

but, as he points out, this does not necessarily invalidate MRI scans as a useful technique.

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June 2001

Note: this article is an extract from a more technically detailed article entitled "The use of MRI Scans to Diagnose Arachnoiditis", which is available elsewhere on the website.

Alert: http://www.fda.gov/cdrh/safety/neurostim.html

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[1] Light KI Internet resource: "When the MRI lies". http://www.spinenet.com/backRounds/MRIlies.html

[2] Burton CV private correspondence May 2001