

At the American College of Rheumatology (ACR) 66th. Annual Meeting in October 2002([\[1\]](#)), Dr. Nigel Arden, a senior lecturer in rheumatology at the University of Southampton presented research on steroid injection for unilateral sciatica.

Despite using the highest dose of the most potent steroid preparation (triamcinolone acetonide 80mg and bupivacaine) the study found that the procedure only provided limited relief and no sustained benefit.

Dr. Arden admitted that in the UK the procedure is fairly common,

"for every million population that comes into the hospital, we are doing 800 epidurals".

He also conceded that

"There is no quick fix or magic injection";

and suggested that whilst pain consultants are keener on this form of treatment,

"rheumatologists tend to think they do not work.";

Dr. Antonio Aldrete has recently published a preliminary report ([\[2\]](#)) on the use of the non-steroidal anti-inflammatory indomethacin given epidurally instead of methylprednisolone in treating recurrent low back pain after surgery (post-laminectomy syndrome).

Whilst the new drug was as effective as a normal dose of steroid (and was given in saline or local anaesthetic solution), the author noted that amongst the patients excluded from the study were those with arachnoiditis.

With respect to the risks involved in epidural steroid injections, O'Connor et al ([\[3\]](#)) sum up the situation by stating that the

"abnormalities of the epidural and subarachnoid spaces in such patients"

(i.e. with chronic spinal arachnoiditis)... give rise to

"unpredictable and potentially dangerous results"

following drug injection into these spaces.

Therefore this form of treatment has absolutely no place in a regime to manage arachnoiditis.

[\[1\] ACR 66th Annual Meeting](#) : Abstract 530. Presented Oct. 26, 2002.

[\[2\]](#) Aldrete JA *Anesth Analg* 2003; 96:463-8 Epidural Injections of Indomethacin for Postlaminectomy Syndrome: A preliminary report.

[\[3\]](#) O'Connor M, Brighthouse D, Glynn CJ *Clin J Pain* 1990 Sep; 6(3): 240-2 Unusual complications of the treatment of chronic spinal arachnoiditis.