

"Nam et ipsa scientia potestas est."

(Knowledge is power.)

- Francis Bacon (1561-1626), written in
Meditationes Sacrae. De Hæresibus.

This article aims to give an updated overview of this complex and relatively uncommon condition, with additions to my previous 1999 article of the same title.

My aim is to facilitate a clearer understanding of arachnoiditis for both patients and their physicians, so that they can work together to combat the devastating effect the condition can exert upon people's lives.

Many medical practitioners regard arachnoiditis as a rare dinosaur, considering it related to oil-based myelogram dyes, which are no longer in use.

This misconception underlies a general tendency to underestimate the ongoing impact of the condition.

Far from being a historical curiosity, adhesive arachnoiditis is a 'clear and present danger', which needs to be addressed thoroughly in order to reduce its future impact.

Introduction

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Adhesive Arachnoiditis is a chronic, insidious condition that causes debilitating, intractable pain and a range of other neurological problems.

It has been regarded as rare by the medical community, but the true scale of the problem remains unknown for a variety of reasons.

The sad fact is that adhesive arachnoiditis remains a contentious diagnosis, which may reflect the medical profession's reluctance to acknowledge this largely iatrogenic condition.

This is not helped by articles such as that by Petty et al ([\[1\]](#)) published in 2000, entitled 'Symptomatic lumbar spinal arachnoiditis: fact or fallacy?' in which the authors commented:

'These patients place a heavy diagnostic burden on the treating practitioner', with a concluding comment: '...the diagnosis of ?clinical arachnoiditis' is essentially a diagnosis of despair or a justification for otherwise unsustainable litigation.'

[\[1\]](#) Petty PG, Hudson P, Hare WS, *J Clin Neurosci* 2000 Sep; 7 (5): 395-9 Symptomatic lumbar spinal arachnoiditis: fact or fallacy?