Lumbo-Sacral Adhesive Arachnoiditis

Introduction

There exists no area of medicine today where greater, or more cruel suffering has been produced globally in large populations of patients than that causally related to adhesive arachnoiditis of which the most common form is in the lumbo-sacral area. Whether due to sloth, disinterest, indifference or self-protective behavior by the medical, scientific and governmental communities lumbo-sacral adhesive arachnoiditis (LSAA) continues to remain essentially unknown, unreported, and unrecognized. Due to the failure to acknowledge this serious world-wide public health hazard in the past LSAA entity continues to be perpetrated on unsuspecting patients. At the start of the new millennium the world has still not yet come to grips with this cruel phenomenon or demonstrated appropriate social conscience regarding this disease entity. For this reason it continues to be a trail of tragedy for many patients. Part of the explanation for these remarkable facts is that the information concerning adhesive arachnoiditis has been surrounded by a "bodyguard of misrepresentation" and, at this point in time, collective guilt has made this a message that few, in positions of responsibility, wish to hear.

The saga of adhesive arachnoiditis is not just something of historical interest. Because we have not learned from the past this disease entity continues to be propagated among the unsuspecting. In no area of medicine has the failure of "informed consent" been more evident than in the continuing saga of adhesive arachnoiditis. The discussion of this rather incredible and continuing misadventure, which focuses on myelography and epidural steroid administration, begins with a review of these subjects:

Myelography

Myelography, is an invasive diagnostic test in which a radio-opaque substance is placed in the subarachnoid space so that the space can be visualized by x-ray. The first contrast material used was air. Air myelography developed from innovations in air ventriculography and air encephalography started in 1918, by Johns Hopkins neurosurgeon Walter Dandy. Because air was difficult to visualize on x-ray a search for alternatives began. In 1932 thorium dioxide (Thorotrust®) was first introduced. It appeared to be ideal for the purpose of myelography (and other diagnostic studies) and were it not for the fact that it was radioactive it would have been. Thorium dioxide turned out to be a highly toxic radioactive substance. It was only 20-30 years after its introduction that the medical profession began to suspect that the sudden and unusually high incidence of malignancies involving the brain and spinal cord (as well as adhesive arachnoiditis) might be related to thorium dioxide's radioactivity. At this point this myelographic agent "fell into disuse". Even with this information the lesson from history is clearly still in evolution.

It is unfortunate that the neurotoxicity of thorium dioxide was never officially documented because history continued to repeat itself with other myelographic agents which then have also been allowed to "fall into disuse". The list of these is not great, but distinguished, in the annals neurotoxic substances. The top of this list includes Lipiodol (iodinated poppy-seed oil), Halogenol (brominated sesame-seed oil), Campiodol (iodinated rape-seed oil), and...