

Other terminology

Posted by Louise - 12 Jan 2006 15:04

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Bonjour Doc Sarah,

On my old MRI (2004) it mentions in the lumbar spine, mild loss of disc signal is present at L1-2 through L4-5. Is this the location where the catheter for Depo medrol and Pantopaque were inserted? On the medical reports from previous years, presence of foreign solution is detected.

The MRI also states: there is adherence of the lumbar roots to the lateral aspect of the dural tube from the level of L2 becoming striking at the L3-4,5 and S1 levels.

I am assuming that scar tissues are pretty thick at L3-4-5 and S1.

If so, would that explain problems with constipation?

Would it also explain my inability to empty my bladder completely without pushing out?

Based on all the above, how can it affect the cervical and thoracic area? Does degenerative disorder go hand in hand with AA?

I really appreciate going out of your way to answer my questions. I just cannot bring all this information together. My brain is no longer calibrated properly!

Thank you

Louise

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Re:Other terminology

Posted by DocSarah - 27 Jan 2006 11:41

Loss of disc signal is not related to where substances have been injected. it is not usually possible to detect this on MRI, although residual pantopaque may be present in or around an area where it was injected (but may also be present further away if the table was tilted during the myelogram)

adherence of the lumbar roots to the lateral aspect of the dural tube from the level of L2 becoming striking at the L3-4,5 and S1 levels.: this is indicative of established arachnoiditis.

Constipation is a common problem and may relate to a number of different factors including nerve root scarring, but also most often medication (morphine related products especially) and reduced mobility.

Bladder dysfunction is also quite a common problem in arachnoiditis: see my articles. Again, this is sometimes due to nerve damage but can also be compounded by other factors such as constipation (loaded bowel will make bladder emptying more difficult) and medication such as antidepressants (e.g. amitriptyline). You may need urodynamic testing to see what exactly the problems are as if you are not emptying your bladder properly and there is residual urine, you are more prone to urinary infection.

It is hard to say exactly what the relationship between AA and degenerative disease is because many people have AA as a result of what was originally a mechanical problem and also spinal degenerative problems are so widespread in the general population. However, one of the main factors is deconditioning and reduced mobility so it is vital to keep as active as possible.

Hope this helps,

Regards,

DocSarah

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Re:Other terminology

Posted by Ang - 08 Feb 2006 18:56

Hi,

I just can not get a grasp of how the scarring occurs and then stops at that level, why would the scarring not continue to travel up and down the spine and cause this to be a progressive disease. It is just that the symptoms are increasing and the pain levels as well. I look forward to receiving a response

Thank you

Ang

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Re:Other terminology

Posted by mitsuyo - 09 Feb 2006 17:22

It's hard for me to understand too! DocSarah, please help us understand!

1. Can the scarring "spread" in the case of chemically induced AA (myelogram, ESI, etc) as opposed to mechanically induced AA (surgery, etc)?
2. What are the definitions of diffuse damage and focal (localized) damage?
3. What are the differences between them?
4. Is it that the chemicals travel in the spine? Can they go upward as well as downward?
5. I guess scarring occurs because of an insult. So, if the insult is local, then is the scarring also local? If the insult is spread, can the scarring also spread (or seems like it's spreading)?
6. Diffuse or focal, chemically induced or mechanically induced: How do their symptoms differ from each other? Are locations and/or severity of symptoms different in general?
7. How can we assess or "measure" the progress of AA? I think our pain level and symptoms can be influenced by many different factors, such as the level of activity as well as inactivity, one's medical history, aging, stress, etc. In some cases, it might be a clear-cut thing. But how do we know which cases are such cases?

I probably have more questions that I still don't have any answers for, but I thought the questions above when I saw Ang's post.

Thanks.

Mitsuyo

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Re:Other terminology

Posted by mitsuyo - 09 Feb 2006 17:23

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Thanks.

Mitsuyo

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Re:Other terminology

Posted by DocSarah - 22 Feb 2006 21:07

Hi,

a lot depends on the cause of the scarring. Mechanical causes tend to cause more localised scarring, chemical, more widespread because the area damaged tends to be wider. It all hinges on the extent of the inflammation.

Regards,

DocSarah

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