In 1985 Kepes and Duncalf ([i])wrote:

"Low back pain and sciatica have been treated with peridural local anesthetics for over 80 years and with epidural and subarachnoid steroid injections for a quarter of a century.

Good results from this treatment which vary from 20 to 95% decrease on long-term follow up.

Statistical significance is absent if compared with other forms of therapy. It is the authors' opinion that the rationale for the use of spinal local analgesics or steroids or intramuscular steroids has not been scientifically proven.

Complications with the use of subarachnoid steroids are sufficiently serious that this form of therapy should be condemned. In this age of accountability it is imperative that therapies with questionable benefits should be critically evaluated."

Nearly 15 years later...Dr. Burton, one of the leading experts on arachnoiditis, wrote in 1999, ([i])

" A universally popular treatment is the percutaneous deposition of steroids into the epidural space of the spinal canal in order to decrease inflammation and assist with the natural healing processes.

Unfortunately, because of physician failure to know about, or to understand, the potentially dangerous potential of certain steroid substances known to be able of creating disabling adhesive arachnoiditis this disease process still remains rampant throughout the world. "

Also in 1999, Johnson et al ([iii]) looked at over 5000 cases of ESIs and reported adhesive arachnoiditis as a " well described" potential complication.

"The blind interlaminar technique introduces the potential for erroneous needle placement and subsequent injection of substances into undesired locations, such as the subarachnoid space."

[i] Kepes ER, Duncalf D *Pain* 1985 May;22(1):33-47 Treatment of backache with spinal injections of local anesthetics, spinal and systemic steroids. A review.

[ii] Dr. Charles Burton, Institute for Low Back and Neck Care, Minnesota in "Governmental Responsibility in Protecting the Public Trust: The Issue of Adhesive Arachnoiditis, 1999".

[iii] JohnsonBA, Schellhas KP Pollei SR *AJNR Am J Neuroradiol* 1999 April 20;697-705 Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 cases.