A minority of patients also have an additional diagnosis of an autoimmune disease as well as their diagnosis of arachnoiditis.

Autoimmune diseases seen in the Global survey included Systemic Lupus Erythematosus (5), Sjogren's syndrome (5), Type 1 Diabetes Mellitus (12); Thyroiditis/Hypothyroidism (20), Sweet's syndrome, Rheumatoid Arthritis (23), Polymyalgia Rheumatica (4); Primary Biliary Cirrhosis and Crohn's disease.

This is an area for further investigation. There seems to be a particular link between arachnoiditis secondary to myelogram dye and thyroid disorders. This is likely to be due to the high iodine contact in the dye. Symptoms of thyroid disorder are notoriously overlooked because they are insidious.

Hypothyroidism (low thyroid levels) presents with weight gain, feeling tired and lethargic, rough skin and hair, hoarse voice. Hyperthyroidism tends to cause weight loss, hyperactivity, anxiety and sometimes eye problems (eyes look bulging).In any type of thyroid disorder there may be a goitre which presents as a lump in the front of the neck which may cause problems swallowing.

Professor Duncan Topliss, Director of the Department of Endocrinology in Melbourne, Australia, wrote a short article for the Australian Thyroid Foundation ([1]), in which he remarked:

"Whereas the normal thyroid gland is tolerant of substantial excess iodine intake, the diseased thyroid is not. Either hyperthyroidism or hypothyroidism can occur depending upon the underlying thyroid problem."

He goes on to comment:

"Therefore it is recommended that if thyroid disease is present then iodine-containing medications be avoided if possible. *This includes x-ray contrast (dye) injections unless absolutely necessary* ." (My emphasis)

He also states "Very high iodine intake can rarely provoke blood vessel inflammation (vasculitis), an effect independent of the thyroid." (I note that there are some individuals with arachnoiditis who either have diagnosed vasculitis or symptoms suggestive of this condition.)

Dr. Noel Rose ([2]) has written about iodine, linking it with autoimmune thyroiditis. Indeed, he cites contrast agents as one of the sources of iodine, which may be linked to the increasing incidence this condition.

There are a number of papers in the medical literature, which cite iodinated contrast agents as causative factors in thyroid disease. For instance, Meurisse et al, in Belgium, ([3]) include "radiologic contrast agents" as a cause of "iodine-induced hyperthyroidism".

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I would add a rider:

The patient may well, on the other hand, ?fall between two stools', so to speak, and end up with poorly co-ordinated management of multiple problems and little continuity of care. This in turn can lead to misdiagnosis or missed diagnosis.

A small number of sufferers develop multiple drug **allergies**, a condition that is also seen in autoimmune conditions such as lupus. 25% of the global survey respondents reported this problem.

Note: a recent paper ([4]) on small fibre neuropathy noted that this common disorder is often "idiopathic" although autoimmune mechanisms are often suspected.

Typically, it presents with painful feet in patients over the age of 60. Burning feet are common in arachnoiditis. Known causes of this condition include diabetes mellitus, amyloidosis, toxins, as well as inherited sensory and autonomic neuropathies. It is conceivable that there is a link between this condition and arachnoiditis.

[1] Topliss DJ *The Australian Thyroid Foundation Newsletter* No.10, December 1998

[2] Rose NR, Rasooly L, Saboori AM. Burek CL *Environmental Health Perspectives* 1999 Oct.; 107 Suppl. 5; 749-751 Linking Iodine with Autoimmune Thyroiditis

[3] Meurisse M, Gollogly L, Degauque C, Fumal I, Defechereux T, Hamoir E *World J Surg* 200 0 Nov;24(11):1377-85 Iatrogenic thyrotoxicosis: causal circumstances, pathophysiology, and principles of treatment-review of the literature.

[4] Lacomis D. *Muscle Nerve* 2002 Aug; 26(2):173-88 Small-fiber neuropathy.