Aldrete has suggested that the prognosis "depends on the progression and extent of the irritative process on the arachnoid" and the resulting inflammation.

He contends that "the majority of patients end up with a poor prognosis, due to the lack of an effective treatment to decrease the inflammatory lesions."([1])

He also describes varying presentations of the inflammatory aspect, gradual, intermittent or fulminant.

Most arachnoiditis sufferers experience a fluctuating course of symptoms, with intermittent "flare-ups" and periods of relative remission. These are suggestive of an inflammatory component to the condition.

Some sufferers have **intermittent low-grade fevers**, malaise and raised ESR (SED) and/or white cell count. These laboratory indices are both indicative of a non-specific inflammatory process. Auld ([2]) mentions fever and chills as part of the syndrome of chronic spinal arachnoiditis.

Aldrete found that 70% of his survey respondents had low grade fever of unknown origin.

They may also have lymphadenopathy (enlarged lymph glands). Skin rashes of varying types are also quite common.

Such symptoms also occur in autoimmune conditions, and two possible links have been postulated:

1. Some sufferers from arachnoiditis may have a predisposition towards the development of autoimmune conditions.

2. The development of the arachnoiditis itself could in some sufferers also have an **autoimmune component**
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Other symptoms that may reflect an autoimmune aetiology are:

Skin rashes are a fairly common feature in arachnoiditis patients.

Skin rash may be urticarial (hives) or there may be angio-oedema, both suggestive of an allergic-type reaction.

A few patients develop photosensitivity, but this may be related to medication (especially anticonvulsants). Aldrete found that 11.7% of his patients had skin rash, whereas in the global survey, 32% of respondents reported rash.

They can arise for a wide variety of reasons and in some cases; the rash may be unrelated to the arachnoiditis.

The main types of skin rash that one might expect in arachnoiditis are:

- drug-related

(i) anticonvulsants: Skin reactions to anticonvulsants are relatively uncommon.
Morbilliform reactions are the most common. Most reactions, such as photosensitivity, are mild,

but severe and life-threatening reactions such as Stevens-Johnson syndrome, toxic epidermal necrolysis and anticonvulsant hypersensitivity syndrome can also occur.

Gabapentin has not been reported as causing skin reactions as yet, whereas Carbamazepine is the commonest drug implicated in a variety of drug eruptions.
Lamotrigine can cause a rash if introduced at too high a dose.

(ii) Non-steroidal anti-inflammatory drugs can cause a variety of skin reactions:
Ibuprofen: vasculitis; Naprosyn: generalised blistering; Sulindac: blistering and other eruptions
Piroxicam: hand blisters

(iii) Psychotropic drugs: can cause various skin rashes:
Erythema multiforme - diazepam overdose, fluoxetine, sertraline, carbamazepine
morbilliform - Carbamazepine, trazodone, desipramine, fluoxetine, alprazolam, bupropion, nefazodone, risperidone, chlorpromazine,
Photosensitivity - imipramine, doxepin, tricyclics: amitriptyline
Pigmentation - amitriptyline and diazepam following dermabrasion
Urticaria - trazodone, fluoxetine, imipramine, and chlordiazepoxide

- allergic
- heat rash
- related to associated conditions such as lupus
- infective (lowered resistance to infection in chronic illness
- contact/irritant skin reaction (contact dermatitis)

Joint pains are also common, not just in weight bearing joints, but also small joints. 72% of the global survey respondents reported joint pains.

Rarely, there may be neurogenic arthropathy (Charcot joint), due to loss of sensation around

the joint. This is also seen in peripheral neuropathies such as diabetic neuropathy.

A number of patients (58% in the global survey) complain of dry eyes and mouth (as in Sjogren's syndrome) but this is most likely to be due to side effects of medication.

Other eye problems include iritis and uveitis, both inflammatory conditions seen also in association with autoimmune diseases.

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[1] Aldrete JA Arachnoiditis: The Silent Epidemic p.253-4

[2] Auld AW *Spine* 1978 Mar; 3(1): 88-91 Chronic spinal arachnoiditis. A post-operative syndrome that may signal its onset.