



BLOOD TESTS FOR MEDICAL MANAGEMENT OF ADHESIVE ARACHNOIDITIS

1. Is Inflammation Reasonably Controlled? If any of the following are high, a more potent anti-inflammatory program must be initiated.

Tests Required:

- a. Erythrocyte sedimentation rate (ESR)
 - b. C-reactive protein (CRP)
 - c. Interleukin panel
2. Has Epstein-Barr Virus (EBV) previously and/or currently reactivated to produce chronic mononucleosis and/or tissue infiltration and autoimmunity?

Tests Required:

- a. Viral capsid antigen antibody-IgM
 - b. Viral capsid antigen antibody-IgG (abbreviated VCA)
 - c. Nuclear antigen antibody-IgG (abbreviated EBNA)
 - d. Early nuclear antigen antibody-IgG (abbreviated early EBNA) or the polymer chain reaction (PCR) DNA test
3. Is There a Hormone Deficiency Impeding Neuroregeneration and Pain Control? The inflammation and pain of AA frequently causes depletion of one or more of the hormones that heal and regenerate the arachnoid membrane and cauda equina.

Tests Required:

- a. Pregnenolone
- b. Dehydroepiandrosterone (DHEA)
- c. Testosterone
- d. Cortisol, if not taking a corticosteroid

Options

- e. Progesterone
- f. Estradiol

4. Is there an autoimmune disorder that is a causative factor in the ongoing pain and neurologic impairments of AA?

Tests Required

- a. Antinuclear autoantibody (ANA)
- b. Human leukocyte antigen (HLA-B27) for ankylosing spondylitis