"Making Waves"
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TO TREAT OR NOT TO TREAT: STEROIDS FOR ACUTE RADICULITIS AFTER EPIDURAL BLOOD PATCH

Presenter: Nicole Palmer MD
with Zheyan (Jenny) Chen MD PhD and Grace Chen MD
Oregon Health & Science University,
Comprehensive Pain Center

The patient:
- 30 year old G2P2 received uncomplicated landmark based labor epidural at L3-4. After delivery, developed positional headache
- Failed conservative therapy
- EBP #1 20 mL on PPD#2, EBP #2 30 mL on PPD#6
- Headache resolved, but developed severe low back, buttock, hamstring, calf pain with paresthesias and saddle dysesthesias

Imaging:
- Intrathecal hematoma without nerve root clumping

The Intervention:
- Diagnosed with acute radiculitis vs early acute arachnoiditis
- PPD#7 started methylprednisolone 1000 mg IV, followed by oral methylprednisolone taper starting at 24 mg/day over 6 days
- Closely followed in pain clinic, with symptom improvement over the next 30 days

Literature review:
- 20 reported cases of acute radiculitis after EBP
- Recovery occurred with or without steroids
- Moderate–high potency steroid courses → improvement/resolution within weeks
- Treatment without steroids → resolution over several months
- Worst outcomes (Carlsward, Aldrete) involved nerve root clumping + intrathecal blood with delayed steroids or no steroid treatment at all

An early, aggressive steroid course may speed up recovery, particularly with intrathecal blood or nerve-root clumping. Evidence quality is poor and prospective data is lacking.

Steroids *may* speed recovery from radiculitis after an epidural blood patch — but across 20 reported cases, most patients recovered either way.

- Consider steroids when MRI shows intrathecal blood or nerve root clumping
- Choose moderate-high potency steroid course





