INJECTION OF FIBRIN SEALANT USING RECONSTITUTED COMPONENTS IN SPINAL APPLICATIONS

Abstract: A method of treating a disc that is leaking nucleus pulposus through at least one defect in the annulus fibrosus. The method includes injecting a fibrin sealant into the disc to reduce at least a portion of the at least one defect, wherein the fibrin sealant injected into the disc comprises fibrinogen and an activating compound, wherein at least a portion of the fibrin forms after injection, wherein the fibrinogen, the activating compound or both has been reconstituted with a solution containing at least one additive, with the proviso that a corticosteroid is absent from the fibrin sealant injected into the disc.
INJECTION OF FIBRIN SEALANT USING RECONSTITUTED
COMPONENTS IN SPINAL APPLICATIONS

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BACKGROUND OF THE INVENTION

The present invention relates generally to the use of fibrin sealant
whereby the sealant is delivered such as by injection to the spinal area, and
the fibrinogen and/or thrombin is reconstituted using a solution containing an
additive.

Fibrin sealants, and glues, are well known and are used extensively in
various clinical settings. Such sealants are indicated as adjuncts to
hemostasis in surgeries when control of bleeding by conventional surgical
techniques, including suture, ligature, and cautery is ineffective or impractical.
In these cases, the sealant was applied topically.

Recently, fibrin sealant that included a corticosteroid was used to treat
disc problems such as fissures in the annulus fibrosus. In this regard, US
6,468,527 discloses that the composition was injected into a disc (an intra-
discal injection) to treat disc problems.
SUMMARY OF THE INVENTION

In the practice of the present invention, fibrin sealant is injected into the spinal area of a human being. The sealant comprises fibrinogen and an activating compound such as thrombin, which form fibrin when mixed. It has been found that this composition provides surprisingly superior results relative to fibrin sealant compositions containing a corticosteroid. Calcium ions, such as supplied from calcium chloride, may be included in the fibrin sealant. The fibrinogen and/or thrombin may be derived from a freeze-dried component that is reconstituted with a solution containing one or more additives, such as various biological and non-biological agents. The use of the one or more additives provides superior results. However, corticosteroids are excluded from the fibrin sealant.

In one broad respect, this invention is a method of treating a disc that is leaking nucleus pulposus through at least one defect in the annulus fibrosus, comprising: injecting a fibrin sealant into the disc to reduce at least a portion of the at least one defect, wherein the fibrin sealant injected into the disc comprises fibrinogen and an activating compound such as thrombin, wherein at least a portion of the fibrin forms after injection, wherein the fibrinogen, the activating compound or both has been reconstituted with a solution containing at least one additive, with the proviso that a corticosteroid is absent from the fibrin sealant injected into the disc. This treatment serves to reduce the amount of material from the nucleus fibrosus that leaks through the defect(s) in the annulus fibrosus. The defect can be a tear of the annulus fibrosus, a fissure in the annulus fibrosus, and the like. Advantageously, injection of the fibrin sealant can also serve to restore normal disc height and hydrostatic pressure, a key component. It should be understood that normal physiologic hydrostatic pressure can vary from person to person, and that the treatment may produce near-normal hydrostatic pressure. As used herein, normal physiologic pressure encompasses this range of pressures. In one embodiment, neither the nucleus pulposus nor the annulus fibrosus has been heated in the body to stiffen the disc either prior to or concurrent with the
injection, such as discussed in for example U.S. 6,095,149. In one
embodiment, in the practice of this invention the nucleus pulposus has not
been removed by surgery, such as in the case of a total or partial discectomy
or by nucleoplasty for a herniated disc.

In another broad respect, this invention is a method of treating a
human back, comprising injecting a fibrin sealant into a disc to seal at least
one defect of an annulus fibrosus, wherein the fibrin sealant comprises
fibrinogen and an activating compound such as thrombin, wherein the
fibrinogen and thrombin forms at least a portion of the fibrin after injection,
wherein the fibrinogen, the thrombin, or both has been reconstituted with a
solution containing at least one additive, and wherein the fibrin sealant does
not include a corticosteroid.

In another broad respect, this invention is a method of treating a
human back, comprising providing a mixture of fibrinogen and thrombin within
a human disc to treat at least one defect of an annulus fibrosus, wherein the
fibrinogen, the thrombin, or both has been reconstituted with a solution
containing at least one additive, and wherein a corticosteroid is absent from
the mixture. The mixture may be provided into the disc by injection or
otherwise.

This invention also includes a kit including components used to inject
the fibrin sealant. The kit may comprise fibrinogen, such as freeze-dried
fibrinogen, thrombin such as freeze-dried thrombin, at least one additive, and
a needle for injecting the sealant such as a spinal needle including for
example a curved spinal needle. A spinal canula may alternatively be used.
The kit excludes corticosteroid. The kit may exclude a device to provide
thermal energy to a disc. The kit can optionally include contrast agent and
additional additives. A single, dual or multi-barrel syringe, or other fibrin
sealant delivery device, may be included in the kit. The fibrin sealant can be
delivered using a convention single lumen needle, or through a bilumen or
multilumen needle. If a bilumen needle is used, each component can be
delivered through a separate lumen. In one embodiment, a bilumen needle or multilumen needle can be used that allows contact of the fibrinogen component and the thrombin component at the tip of the needle.

Alternatively, sequential addition of the fibrinogen component followed by injection of the thrombin or other enzyme component can be used, and these injections can occur in the same needle, multiple needles, or in a bilumen or multilumen needle.

In another broad respect, this invention is a process for manufacturing a kit, comprising: providing a fibrinogen component, a thrombin component, at least one additive, and a spinal needle or a polymeric catheter or both, wherein the kit excludes corticosteroid and wherein the kit excludes a device to provide thermal energy to a disc.

Advantageously, the method and kit of this invention facilitate extended pain relief for patients with leaky disc syndrome, wherein for example nucleus pulposus leaks out of the disc through defects (e.g. tears or fissures) in the annulus fibrosus. Surprisingly, it has been found that the use of fibrin without corticosteroid provides unexpectedly superior results to injections of fibrin sealant that includes a corticosteroid. The present invention provides unexpectedly superior results to the method set forth in US 6,468,527, which discloses the injection of fibrin sealant containing a corticosteroid.
BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a cross-sectional view of a vertebral body at the disk space exhibiting annular fissures which may be treated according to one embodiment of the present invention.

FIG. 2 is a schematic representation of the trans-foraminal space into which the improved sealant may be injected according to one embodiment of the present invention.

FIGS. 3 and 4 show graphs of the VAS scores from example 3.
DETAILED DESCRIPTION OF THE INVENTION

The fibrin sealant of the present invention comprises a fibrinogen component and an activating compounds such as thrombin that converts fibrinogen to fibrin. The sealant contains one or more other additives. The fibrinogen, the thrombin, or both is reconstituted with a solution containing at least one of the additives, wherein the additive is other than a corticosteroid. The fibrin sealant is injected into, for example, the disc to seal fissures and tears in the annulus fibrosus. Defects in the annulus fibrosus are commonly diagnosed, currently, using MRI scans and discograms. This can treat both discogenic low back pain and radiculopathy leg pain when injected into the lumbar intervertebral disc.

The fibrinogen used in the practice of this invention includes any fibrinogen that will form fibrin in a human body. Fibrinogen is frequently available in freeze-dried form, and must be reconstituted prior to use. If the thrombin is reconstituted using a solution with an additive, the fibrinogen can also be frozen or fresh, autologous (from the patient to be treated), human including pooled human fibrinogen, recombinant, and bovine or other non-human source such as fish (e.g., salmon and sea trout). The fibrinogen is used in an amount suitable for the given treatment, patient, and so on. Freeze-dried fibrinogen is reconstituted using a solution, typically containing aprotinin and calcium chloride. As discussed herein, either the fibrinogen or thrombin or both is reconstituted with a solution that includes at least one additive. For example, the freeze-dried fibrinogen can be reconstituted using, for example, saline with the additive, a saline solution containing aprotinin and the additive, a saline solution containing the additive and calcium ions (Ca^{2+}) such as may be supplied from calcium chloride, or a solution containing combinations of additives.

Thrombin is typically the enzyme used which serves to change fibrinogen to fibrin. However, other enzymes can be used such as those derived from snake venom (e.g., batroxobin), or spider venom as is known in
the art. As used herein, "activating compound" refers to a compound that
causes fibrinogen to form fibrin, and this term includes thrombin, batroxobin,
and so on. Thrombin is available commercially, typically in its freeze-dried
form. Freeze-dried thrombin must be reconstituted prior to use. The thrombin
can also be frozen or fresh. Thrombin can be autologous, from a human or
pooled human supply, bovine, fish (such as salmon) or other non-human
fibrinogen-cleaving enzyme source such as various arachnids and other
venomous species. The thrombin or enzyme is used in any amount which
facilitates changing the fibrinogen to fibrin, as is known to one of skill in the
art. The thrombin can be reconstituted using saline and the one or more
additives or a saline solution containing the additive and calcium ions.

As used herein, the term "additives" means antibiotics; antiproliferative,
cytotoxic, and antitumor drugs including chemotherapeutic drugs; analgesic;
antiangiogen; antibody; antivirals; cytokines; colony stimulating factors;
proteins; chemoattractants; EDTA; histamine; antihistamine; erythropoietin;
antifungals; antiparasitic agents; non-corticosteroid anti-inflammatory agents;
anticoagulants; anesthetics including local anesthetics such as lidocaine and
bupivicaine; analgesics; oncology agents; cardiovascular drugs; vitamins and
other nutritional supplements; hormones; glycoproteins; fibronectin; peptides
including polypeptides and proteins; interferons; cartilage inducing factors;
protease inhibitors; vasoconstrictors, vasodilators, demineralized bone or
bone morphogenetic proteins; hormones; lipids; carbohydrates; proteoglycans
such as aggrecan (chondroitin sulfate and deratin sulfate), versican, decorin,
and biglycan; antiangiogenins; antigens; DBM; hyaluronic acid and salts and
derivatives thereof; polysaccharides; cellulose compounds such as methyl
cellulose, carboxymethyl cellulose, and hydroxy-propylmethyl cellulose and
derivatives thereof; antibodies; gene therapy reagents; genetically altered
cells, stem cells including mesenchymal stem cells with transforming growth
factor, and/or other cells; cell growth factors to promote rehabilitation of
damaged tissue and/or growth of new, healthy tissue such as BMP7 and
BMP2; type I and II collagen; elastin; sulfated glycosaminoglycan (sGAG),
glucosamine sulfate; pH modifiers; methylsulfonylmethane (MSM); osteogenic
compounds; osteoconductive compounds; plasminogen; nucleotides;
oligonucleotides; polynucleotides; polymers; osteogenic protein 1 (OP-1
including recombinant OP-1); LMP-1 (Lim Mineralization Protein-1); cartilage
including autologous cartilage; oxygen-containing components; enzymes such
as, for example, peroxidase, which mediate the release of oxygen from such
components; melatonin; vitamins; and nutrients such as, for example, glucose
or other sugars. However, it is foreseeable that any of these additives may be
added to the fibrin sealant separately or in combination. One or more of these
additives can be injected with the fibrinogen and thrombin, or alternatively one
or more of these components can be injected separately, either before or after
the fibrin sealant has been injected. Combinations of these additives can be
employed and different additives can be used in the solutions used to
reconstitute the fibrinogen and thrombin (e.g., a solution containing a local
anesthetic is used to reconstitute the fibrinogen and a solution containing type
II collagen is used to reconstitute the thrombin). In addition, one or more
other additives can be added to reconstituted solutions of either thrombin or
fibrinogen. Likewise, one or more of these additives can be injected with the
fibrinogen and activating compound, or alternatively one or more of these
additives can be injected separately, either before or after the fibrin sealant
has been injected.

For solutions containing an incompletely water-soluble additive(s), an
anti-caking agent such as, for example, polysorbate, may be added to
facilitate suspension of this component. Glycol may be inappropriate for use
as an anti-caking agent in the instant invention.

It should be appreciated that fibrin formation begins immediately on
contact of the fibrinogen and thrombin, such as in the Y-connector of a dual
syringe. The term "injecting" of fibrin sealant as used herein thus
encompasses any injection of components that form fibrin in the disc,
including circumstances where a portion of the components react to form
fibrin due to mixing prior to contact with or actual introduction into the disc. It
is also within the scope of this invention to sequentially inject the components
of the fibrin sealant into the disc, such as by injecting the thrombin component followed by the fibrinogen component, or by injecting the fibrinogen component followed by the thrombin component. Likewise, the fibrinogen component and the thrombin components can be each intermittently injected into the disc.

It should also be appreciated that the point, or points, of injection (e.g., at the tip of a spinal needle) can be within the annulus fibrosus or in the nucleus pulposus. If the injection occurs in the nucleus pulposus, the injected components may form a patch at the interface between the nucleus pulposus and the annulus fibrosus, or, more commonly, the components flow into the defect(s) (e.g., fissures) of the annulus fibrosus and potentially "overflowing" into the interdiscal space. In practice, over-pressurizing the disc by injecting the components into the disc should be avoided.

The fibrinogen and activating compound are injected in amounts effective to seal a given defect of the disc, as is apparent to one of skill in the art. The amount of activating compound such as thrombin can be varied to reduce or lengthen the time to complete fibrin formation. In general, the higher level of thrombin per unit amount of fibrinogen, the faster fibrin formation occurs. If slower fibrin formation is desired, then less thrombin is used per unit fibrinogen. The use of calcium ions (such as from calcium chloride) in one or both of the component solutions will affect the strength of the fibrin so formed, with increasing amount of calcium ions increasing the strength of the fibrin clot. Generally, for a composition comprising fibrinogen that is an aqueous solution, it is believed that from about 3 mL to about 5 mL of such composition is sufficient to be an effective fibrin sealant. However, depending on the use of the composition, the dosage can range from about 0.05 mL to about 40 mL.

Fibrin sealants mimic the final stage of the natural clotting mechanism. Typically, such sealants entail the mixing of a fibrinogen component with an activating enzyme such as thrombin. Thrombin is an enzyme that exists in
blood plasma which causes the clotting of blood by converting fibrinogen into fibrin. In normal practice, the components of the fibrin sealant are reconstituted separately, from a freeze-dried state, prior to use. However, use of samples prepared from a frozen state or a fresh state is also acceptable.

To increase biocompatibility of the sealant with host tissue, various components may be supplied endogenously from host body fluids. Combining the reconstituted components produces a viscous solution that quickly sets into an elastic coagulum. A method of preparing a conventional fibrin sealant is described by J. Rousou, et al. in Journal of Thoracic and Cardiovascular Surgery, vol. 97, no. 2, pp 194-203, Feb. 1989.

Cryoprecipitate derived from source plasma is washed, dissolved in buffer solution, filtered and freeze-dried. The freeze-dried fibrinogen is reconstituted in a fibrinolysis inhibitor solution containing, for example 3000 KIU/ml of aprotinin (a polyvalent protease inhibitor which prevents premature degradation of the formed fibrin), and an additive. The solution is stirred and heated to a temperature of about 37°C. Each solution (the thrombin and fibrinogen solutions) is drawn up in a syringe and mounted on a Y-connector to which a needle is attached for delivery of the combined solution. (See, e.g. the Duploject® device, from ImmunoAG, Vienna, Austria). Thus, mixing of the components only occurs during the delivery process which facilitates clot formation at the desired site of application only. The components should be injected sufficiently quickly to avoid the passage becoming blocked due to fibrin formation in the needle and/or Y-connector.

In one embodiment, the mixing of the fibrin sealant components at least partially occurs in the Y-connector and in the needle mounted on a Y-connector, with the balance of the clotting occurring in the disc. This method of preparation facilitates the formation of a fibrin clot at the desired site in the disc during delivery, or immediately thereafter. Calcium chloride may be included in the fibrin sealant to be injected to modify the composition of the so-formed fibrin and resulting strength of the clot.
In one embodiment, about 75-105 mg/mL of freeze-dried fibrinogen is reconstituted according to conventional methods, and about 45-55 mg/mL thrombin component is reconstituted separately from a freeze-dried state according to the methods and compositions of the present invention. Freeze-dried fibrinogen and freeze-dried thrombin are available in kit-form from such manufacturers as Baxter under names such as TISEEL®. These two fibrin sealant components can be prepared for example in about 2mL samples each to yield approximately 4mL of total sealant (reconstituted fibrinogen plus reconstituted thrombin). At least one of the reconstituted fibrinogen and thrombin is reconstituted using a solution containing at least one additive.

While several methods and compositions may be used for preparing the freeze-dried thrombin for use in the invented fibrin sealant, one method is providing about 45-55 mg/mL of freeze-dried thrombin and mixing it with a reconstituting solution. The reconstituting solution for use in reconstituting either the thrombin or fibrinogen, or for both components, may further comprise about 0.1-100 milligrams of another additive described herein (e.g., local anesthetic) and/or calcium chloride. The calcium chloride concentration can be, for example, 1-100 millimoles/mL, and in one embodiment 4-40 millimoles/mL. If employed, the calcium chloride concentration should be sufficient to further the polymerization reaction that forms a durable fibrin sealant clot. A preservative-free reconstituting solution may be desirable, but is not required.

A contrast agent may be used in conjunction with the injection of the fibrin sealant. The contrast agent may be injected prior to injection of the fibrin sealant. Alternatively, the contrast agent is included in the fibrinogen component or thrombin component that is injected into the disc. Contrast agents and their use are well known to one of skill in the art.

Alternative amounts and concentrations of fibrinogen and thrombin may be used to form the desired fibrin sealant clot in the body. For example, as discussed above, varying the fibrinogen and/or thrombin
amount/concentration may be done to vary the viscosity and the “setting time”
of the combined fibrinogen and thrombin components. Likewise, varying
fibrinogen may change the density of the combined components, which may
be important for controlling flow through a long conduit such as a catheter into
the body. Varying thrombin may vary the polymerization time of the
components, which may be important for controlling the time at which the clot
forms for ensuring the components set-up at the proper site and time in the
body rather than setting-up prematurely.

When acquired in freeze-dried form, the thrombin and fibrinogen need
to be reconstituted for use. The thrombin reconstituting solution (e.g., a
saline based solution), optionally containing one or more additives, can be
prepared in a single vial prior to mixing with the freeze-dried thrombin. This
component of the fibrin sealant may then be provided to users in a
reconstituted state, or in two uncombined vials containing freeze-dried
thrombin and a premixed reconstitution solution. Mixing of the contents of the
two vials may be performed at any point up to, and including, the time at
which the fibrin sealant (or its components) is injected into the patient.
Reconstitution of the fibrinogen solution can be accomplished according to
conventional methods. For example, the fibrinogen component may be
reconstituted in an aprotinin saline solution which optionally contains additives
such as, for example, a local anesthetic. If desired, the thrombin or the
fibrinogen or both can be reconstituted using a saline solution that contains
one or more additives. All solutions are brought to a temperature of about
37°C. Preferably, the thrombin is combined with the fibrinogen solution using
the dual-syringe injection procedure described herein to form a single sealant
composition which is injected into a patient. The instant invention provides a
vehicle for the delivery of the sealant that conveys the sealant to the precise
area of the back, seals any annular fissures, and holds the fibrin in place via
the elastic coagulum. In addition, the biodegradable nature of the formed
fibrin clot minimizes or eliminates the need for invasive surgical removal
following the effective period of use. Therefore, an advantage of the sealant
and method of application is the ability to provide a minimally invasive means
of accomplishing localized, prolonged sealing of defects (e.g., fissures) in the
annulus fibrosus, and if an additive is in the sealant, time-released additive
delivery.

The fibrin sealant may be injected into the disc or other body area
using procedures well known to one skilled in the art. Typically, an introducer
needle is inserted into the intra-discal space with the tip being positioned
close to the defect in the annulus fibrosus. A finer gauge needle (made of,
e.g., stainless steel and capable of puncturing the annulus fibrosus) is then
inserted into the introducer needle. The fibrin sealant is injected through the
finer gauge needle. Alternatively, a catheter made from a synthetic polymer
can be used. With either a finer gauge needle or a catheter made of synthetic
polymer, the needle or catheter can be advanced through the introducer
needle and into the nucleus pulposus. Alternatively, the needle or catheter
can be advanced up to the tip of the introducer needle, but not far as to go
beyond the tip of the introducer needle. This can have the advantage of
precisely positioning the point of injection, particularly since a polymeric
catheter could bend in the nucleus propulsus thereby become mis-positioned.
Likewise by positioning the introducer needle at the desired point of injection
as an initial matter, the fibrin sealant can be injected quickly to expedite the
procedure, which is a benefit to the patient. In general, the fibrin sealant of
this invention is injected into the disc, the epidural space, the zygaphysical (2-
joint) joint, the vertebral canal, and/or thecal sac. With respect to an injection
of fibrin sealant into a disc, an intra-discal injection serves to create a fibrin
matrix which seals the disc from leaking material from the nucleus into the
area outside the disc. For example, the fibrin sealant can be delivered by
fluoroscopic transforaminal lumber epidural or intra-discal injection, such as
described in U.S. 6,468,527. For the treatment of back injuries such as these,
the fibrin sealant is injected into the nucleus pulposus, shown in FIG. 1, to fill
any fissures or voids of the annulus fibrosus, to seal the bone end plates to
the disc, increase pressure of the disc, and to increase the height of the disc
space. In general, the fibrin sealant is injected at a location near the defect in
the annulus fibrosus. Typically the fibrin sealant will flow into the fissures in
the annulus fibrosus, and some fibrin sealant may thus flow out of the intra-
discal space. The injection may also serve to coat areas adjacent to the disc,
directly on the nerve roots and surrounding areas which serve to protect those
areas from the effects of the leaking nucleus material. Sealing the fissures
and bone end plates halts the leakage of harmful chemicals into the disc
environment and prevents the initiation of foreign-body reactions towards the
damaged disc by the immune system. Increasing the disc space relieves
pressure on the nerve root. That is, as a result of the injection, an increase of
the disc height occurs, which increases the spacing between lamina, and
which in turn relieves pressure on the nerve roots on the lamina. For this
application, supplementation of the fibrin sealant with growth factors may
promote rehabilitation of the damaged tissues or the gradual replacement of
the fibrin sealant with healthy tissue.

Use of the improved fibrin sealant composition may be better
understood by reference to the following examples. These examples are
representative and should not be construed to limit the scope of this invention
or claims hereof. Unless otherwise indicated (example 3), corticosteroid is
absent from the fibrin sealant being used in these examples and the
procedures were conducted in the absence of a heating step of the nucleus
fibrosus and annulus fibrosus and in the absence of a partial or total
discectomy.

Example 1

FLUOROSCOPIC TRANSFORAMINAL EPIDURAL INJECTION

With a patient in the prone position on the imaging table, a fluoroscope
is positioned and adjusted to locate the intervertebral foramen of the affected
nerve root. A curved 22ga. X 3.5” needle is introduced after anesthetizing the
skin and deep tissue. The needle is advanced under direct fluoroscopic vision
to a position in the anterior epidural space. Positioning of the needle is
verified by a lateral fluoroscopic view and by injecting contrast medium
through the needle. Such positioning may or may not require further
adjustment. If adjusted, location of the needle is once again verified.

Advancement of the needle into the correct region may stimulate pain in a manner consistent with the initial complaint. Therefore, needle placement may also be verified by the patient's pain recognition. The epidural space is anesthetized with injectable anesthetic. The fibrin sealant of fibrinogen and thrombin (prior to clotting) is then introduced through the needle with continuous gentle pressure until the volumes of the dual syringe system are sufficiently depleted. The thrombin or fibrinogen or both has been reconstituted with a solution containing at least one additive. The fibrin sealant then coats the nerve root and annulus and the needle is withdrawn. Patient observation and vital signs monitoring is performed for about 20-30 minutes following the procedure.

For this procedure, a sufficient volume of the fibrin sealant is injected to effectively hydro-dissect the area around the targeted nerve root. It is believed that due to the avascular nature of the epidural space, the absorption/degradation period is typically longer than that observed for open applications in regions with greater vascularity and exposure to room air at the time of application.

The ability of the fibrin sealant to seal annular fissures related to disc herniation offers a therapeutic benefit to patients. Chemical radiculitis, or inflammation of the nerve root, is known to be quite painful in some instances. It is believed that use of the fibrin sealant in the above described manner not only coats the nerve root, but also seals annular fissures surrounding the herniated disk. (See figure 1). As a result of the hydro-dissection of the area around the affected nerve root, the sealant also seals annular fissures from outside the annulus.
Example 2

FLUOROSCOPIC GUIDED INTRA-DISCAL INJECTION

After sterile preparation, an introducer needle is advanced in oblique projection to a superior articular process. A curved spinal needle is advanced through the introducer needle into the disc. Both anterior-posterior and lateral fluoroscopic projections are used to confirm proper needle placement. If the needle placement needs to be adjusted, placement is again confirmed fluoroscopically. A contrast agent is injected to confirm needle placement. In patients with chemical radiculitis, the contrast agent can be observed to be leaking through the annular fissures and/or intra-discal pathology can be identified. Once the needle is properly positioned in the intra-discal space, the fibrin sealant (or its components) is injected. The thrombin or fibrinogen or both has been reconstituted with a solution containing at least one additive. The fibrin sealant is observed to force the contrast agent from the intra-discal space as it seals the annular fissures. Alternatively, the contrast agent is injected with the sealant. Alternatively, no contrast agent is used. The procedure seals the defects/fissures of the annulus fibrosus and stops the chemical leakage and facilitates regeneration within the disc.

Example 3

COMPARISON OF INJECTION OF FIBRIN SEALANT TO INJECTION OF FIBRIN SEALANT CONTAINING A CORTICOSTEROID

Twenty patients were split into two 10-patient groups. All of the patients suffered from pain due to disc degeneration caused by defects (fissures) in the annulus fibrosus. All of the patients had previously failed at least 6 months of traditional conservative therapy. Using the procedure in example 2, the first group of patients was intra-discally injected with fibrin sealant containing fibrinogen and thrombin. Using the procedure in example 2, the second group of patients was intra-discally injected with fibrin sealant containing fibrinogen, thrombin, and betamethasone (a corticosteroid). The corticosteroid was in the thrombin component. Each patient rated back and
leg pain on a scale of 0 to 10, before and at predefined intervals following surgery. The results (VAS scores) are shown in FIGS. 3 and 4. As can be seen, the patients that were injected with fibrin sealant alone (without betamethasone) experienced superior pain relief to those patients that were injected with fibrin sealant containing betamethasone. It had been anticipated that the patients receiving injections that included betamethasone would experience superior results due to the action of the betamethasone to reduce inflammation. However, the opposite was observed. Indeed, the patients injected with fibrin sealant only experienced significantly improved pain relief, not only after one week from surgery, but especially 12 weeks after surgery. These results were surprising and unexpected.

Example 4

FIBRIN SEALANT RECONSTITUTED WITH A LOCAL ANESTHETIC

A patient was treated with fibrin sealant containing a local anesthetic. The local anesthetic was used to reconstitute the thrombin. The patient suffered from pain due to disc degeneration caused by defects (fissures) in the annulus fibrosus. Using the procedure in example 2, the patient was intradiscally injected with fibrin sealant containing fibrinogen, thrombin, and a local anesthetic (3 cc of .75% bupivacaine). Local anesthetic was used to reconstitute the thrombin. A total of 5 cc of fibrinogen, thrombin, and local anesthetic was injected. The patient rated back and leg pain on a scale of 0 to 10, before and at predefined intervals following surgery. The results were as follows for back pain: pre-treatment, 4; 1 week after treatment, 4; 3 weeks after treatment, 1; and after 6 weeks, 1. Leg pain was zero both at pre-treatment and after treatment. Owing to the dramatic decrease in pain after 6 weeks, these results were surprising and unexpected.

* * * * *

It is envisioned that the present invention may be used to address various conditions through use of the fibrin sealant in a manner similar to that
described in the examples above. Discussion of this invention referenced particular means, materials and embodiments elaborating limited application of the claimed invention. The invention is not limited to these particulars and applies to all equivalents. Although this invention has been described above with reference to particular means, materials and embodiments, it is to be understood that the invention is not limited to these disclosed particulars, but extends instead to all equivalents within the scope of the following claims.
WHAT IS CLAIMED IS:

1. A method of treating a disc that is leaking nucleus pulposus through at least one defect in the annulus fibrosus, comprising: injecting a fibrin sealant into the disc to reduce at least a portion of the at least one defect, wherein the fibrin sealant injected into the disc comprises fibrinogen and an activating compound, wherein at least a portion of the fibrin forms after injection, wherein the fibrinogen, the activating compound or both has been reconstituted with a solution containing at least one additive, with the proviso that a corticosteroid is absent from the fibrin sealant injected into the disc.

2. The method of claim 1, with the proviso that neither the nucleus pulposus nor the annulus fibrosus has been heated.

3. The method of claim 1, wherein the fibrin sealant consists essentially of fibrinogen, the activating compound and the at least one additive, and optionally calcium chloride.

4. The method of claim 1, wherein the fibrin sealant consists of fibrinogen, an activating compound, and the at least one additive, and optionally containing calcium chloride.

5. The method of claim 1, wherein calcium chloride is injected with the fibrinogen and the activating compound.

6. The method of claim 1, wherein the activating compound is thrombin.

7. The method of claim 1, wherein the method consists of the injecting step.

8. The method of claim 1, the additive is selected from the group consisting of antibiotics; antiproliferative, cytotoxic, and antitumor drugs including chemotherapeutic drugs; analgesic; antiangiogen; antibody;
antivirals; cytokines; colony stimulating factors; proteins; chemoattractants;
EDTA; histamine; antihistamine; erythropoietin; antifungals; antiparasitic
agents; non-corticosteroid anti-inflammatory agents; anticoagulants;
anesthetics; analgesics; oncology agents; cardiovascular drugs; vitamins and
other nutritional supplements; hormones; glycoproteins; fibronecitin; peptides
including polypeptides and proteins; interferons; cartilage inducing factors;
protease inhibitors; vasoconstrictors, vasodilators, demineralized bone or
bone morphogenetic proteins; hormones; lipids; carbohydrates;
proteoglycans; antiangiogenins; antigens; DBM; hyaluronic acid and salts and
derivatives thereof; polysaccharides; cellulose compounds and derivatives
thereof; antibodies; gene therapy reagents; genetically altered cells, stem
cells including mesenchymal stem cells with transforming growth factor,
and/or other cells; cell growth factors; type II collagen; elastin; sulfated
glycosaminoglycan (sGAG), glucosamine sulfate; pH modifiers;
methylsulfonylmethane (MSM); osteogenic compounds; osteoconductive
compounds; plasminogen; nucleotides; oligonucleotides; polynucleotides;
polymers; osteogenic protein 1 (OP-1 including recombinant OP-1); LMP-1
(Lim Mineralization Protein-1); cartilage; oxygen-containing components;
enzymes; melatonin; vitamins; and nutrients.

9. The method of claim 1, wherein at least one additive is a local
anesthetic.

10. The method of claim 1, wherein no portion of the nucleus pulposus has
been removed by surgery.

11. The method of claim 1, wherein the at least one defect is a tear or
fissure in the annulus fibrosus.

12. The method of claim 1, wherein normal hydrostatic pressure in the disc
is restored or normal disc height is restored or both.
13. The method of claim 1, wherein the fibrinogen is autologous.

14. The method of claim 1, wherein the injection is performed using a dual barrel syringe.

15. The method of claim 1, wherein the activating compound is thrombin, and wherein a mixture of fibrinogen and thrombin is injected.

16. The method of claim 1, wherein the activating compound is thrombin, and wherein the fibrinogen and thrombin are injected sequentially and at least partially mix in the disc.

17. The method of claim 1, wherein the additives are injected sequentially either before with or after the fibrinogen and thrombin and at least partially mix in the disc.

18. The method of claim 1, wherein the disc is injected with the fibrin sealant at multiple points.

19. The method of claim 1, wherein the injecting occurs by inserting an introducer needle having a tip into the intra-discal space to a position adjacent to the at least one defect, inserting a second needle or a polymeric catheter through the introducer needle up to but not beyond the tip of the introducer needle, and injecting the fibrin sealant through the second needle or polymeric catheter.

20. The method of claim 1, wherein the disc is a lumbar disc.

21. The method of claim 1, wherein the disc is a cervical disc.

22. The method of claim 1, wherein the disc is a thoracic disc.
23. The method of claim 1, wherein a contrast agent is injected either before the fibrin sealant, with the fibrin sealant, or after the fibrin sealant has been injected.

24. A method of treating a human back, comprising injecting a fibrin sealant into a disc to seal at least one defect of an annulus fibrosus, wherein the fibrin sealant comprises fibrinogen and thrombin, wherein the fibrinogen and thrombin forms at least a portion of the fibrin after injection, wherein the fibrinogen, the thrombin or both has been reconstituted with a solution containing at least one additive, and wherein the fibrin sealant does not include a corticosteroid.

25. The method of claim 24, with the proviso that neither the nucleus pulposus nor the annulus fibrosus has been heated.

26. The method of claim 24, wherein the fibrin sealant consists essentially of fibrinogen, the activating compound and the at least one additive.

27. The method of claim 24, wherein the fibrin sealant consists of fibrinogen, the activating compound, the at least one additive, and calcium chloride.

28. The method of claim 24, wherein calcium chloride is injected with the fibrinogen and the thrombin.

29. The method of claim 24, wherein the method consists of the injecting step.

30. The method of claim 24, wherein the activating compound is thrombin.

31. The method of claim 24, wherein the additive is selected from the group consisting of antibiotics; antiproliferative, cytotoxic, and antitumor drugs including chemotherapeutic drugs; analgesic; antiangiogen; antibody;
antivirals; cytokines; colony stimulating factors; proteins; chemoattractants;
EDTA; histamine; antihistamine; erythropoietin; antifungals; antiparasitic
agents; non-corticosteroid anti-inflammatory agents; anticoagulants;
anesthetics; analgesics; oncology agents; cardiovascular drugs; vitamins and
other nutritional supplements; hormones; glycoproteins; fibronectin; peptides
including polypeptides and proteins; interferons; cartilage inducing factors;
protease inhibitors; vasoconstrictors, vasodilators, demineralized bone or
bone morphogenetic proteins; hormones; lipids; carbohydrates;
proteoglycans; antiangiogenins; antigens; DBM; hyaluronic acid and salts and
derivatives thereof; polysaccharides; cellulose compounds and derivatives
thereof; antibodies; gene therapy reagents; genetically altered cells, stem
cells including mesenchymal stem cells with transforming growth factor,
and/or other cells; cell growth factors; type II collagen; elastin; sulfated
glycosaminoglycan (sGAG), glucosamine sulfate; pH modifiers;
methylsulfonylmethane (MSM); osteogenic compounds; osteoconductive
compounds; plasminogen; nucleotides; oligonucleotides; polynucleotides;
polymers; osteogenic protein 1 (OP-1 including recombinant OP-1); LMP-1
(Lim Mineralization Protein-1); cartilage; oxygen-containing components;
enzymes; melatonin; vitamins; and nutrients.

32. The method of claim 24, wherein at least one additive is a local
anesthetic.

33. The method of claim 24, wherein no portion of the nucleus pulposus
has been removed by surgery.

34. The method of claim 24, wherein the at least one defect is a tear or
fissure in the annulus fibrosus.

35. The method of claim 24, wherein normal hydrostatic pressure in the
disc is restored or normal disc height is restored or both.
36. The method of claim 24, wherein the fibrinogen is autologous.

37. The method of claim 24, wherein the injection is performed using a dual barrel syringe.

38. The method of claim 24, wherein the activating compound is thrombin, and wherein a mixture of fibrinogen and thrombin is injected.

39. The method of claim 24, wherein the activating compound is thrombin, and wherein the fibrinogen and thrombin are injected sequentially and at least partially mix in the disc.

40. The method of claim 24, wherein the disc is injected with the fibrin sealant at multiple positions in the disc.

41. The method of claim 24, wherein the injecting occurs by inserting an introducer needle having a tip into the intra-discal space to a position adjacent to the at least one defect, inserting a second needle or a polymeric catheter through the introducer needle up to but not beyond the tip of the introducer needle, and injecting the fibrin sealant through the second needle or polymeric catheter.

42. The method of claim 24, wherein the disc is a lumbar disc.

43. The method of claim 24, wherein the disc is a cervical disc.

44. The method of claim 24, wherein the disc is a thoracic disc.

45. The method of claim 24, wherein a contrast agent is injected either before the fibrin sealant, with the fibrin sealant, or after the fibrin sealant has been injected.
46. The method of claim 24, wherein the additives are injected sequentially either before with or after the fibrinogen and thrombin and at least partially mix in the disc.

47. A method of treating a human back, comprising providing a mixture of fibrinogen and thrombin within a human disc to treat at least one defect of an annulus fibrosus, wherein the fibrinogen, the thrombin or both has been reconstituted with a solution containing at least one additive, and wherein a corticosteroid is absent from the mixture.

48. The method of claim 47, with the proviso that neither the nucleus pulposus nor the annulus fibrosus has been heated.

49. The method of claim 47, wherein the fibrin sealant consists essentially of fibrinogen, thrombin and the at least one additive.

50. The method of claim 47, wherein the fibrin sealant consists of fibrinogen, thrombin, the at least one additive, and calcium chloride.

51. The method of claim 47, wherein calcium chloride is provided with the fibrinogen and the thrombin.

52. The method of claim 47, wherein the method consists of the providing step.

53. The method of claim 47, wherein the additive is selected from the group consisting of antibiotics; antiproliferative, cytotoxic, and antitumor drugs including chemotherapeutic drugs; analgesic; antiangiogen; antibody; antivirals; cytokines; colony stimulating factors; proteins; chemoattractants; EDTA; histamine; antihistamine; erythropoietin; antifungals; antiparasitic agents; non-corticosteroid anti-inflammatory agents; anticoagulants; anesthetics; analgesics; oncology agents; cardiovascular drugs; vitamins and other nutritional supplements; hormones; glycoproteins; fibronectin; peptides
including polypeptides and proteins; interferons; cartilage inducing factors; protease inhibitors; vasoconstrictors, vasodilators, demineralized bone or bone morphogenetic proteins; hormones; lipids; carbohydrates; proteoglycans; angiogenins; antigens; DBM; hyaluronic acid and salts and derivatives thereof; polysaccharides; cellulose compounds and derivatives thereof; antibodies; gene therapy reagents; genetically altered cells, stem cells including mesenchymal stem cells with transforming growth factor, and/or other cells; cell growth factors; type II collagen; elastin; sulfated glycosaminoglycan (sGAG), glucosamine sulfate; pH modifiers; methylsulfonylmethane (MSM); osteogenic compounds; osteoconductive compounds; plasminogen; nucleotides; oligonucleotides; polynucleotides; polymers; osteogenic protein 1 (OP-1 including recombinant OP-1); LMP-1 (Lim Mineralization Protein-1); cartilage; oxygen-containing components; enzymes; melatonin; vitamins; and nutrients.

53. The method of claim 47, wherein at least one additive is a local anesthetic.

54. The method of claim 47, wherein no portion of the nucleus pulposus has been removed by surgery.

55. The method of claim 47, wherein the at least one defect is a tear or fissure in the annulus fibrosus.

56. The method of claim 47, wherein normal hydrostatic pressure in the disc is restored or normal disc height is restored or both.

57. The method of claim 47, wherein the fibrinogen is autologous.

58. The method of claim 47, wherein the providing is performed using a dual barrel syringe.
59. The method of claim 47, wherein a mixture of fibrinogen, thrombin and
the at least one additive is provided.

60. The method of claim 47, wherein the fibrinogen and thrombin are
provided sequentially and at least partially mix in the disc.

61. The method of claim 47, wherein the disc is provided with the fibrin
sealant at multiple positions in the disc.

62. The method of claim 47, wherein the injecting occurs by inserting an
introducer needle having a tip into the intra-discal space to a position adjacent
to the at least one defect, inserting a second needle or a polymeric catheter
through the introducer needle up to but not beyond the tip of the introducer
needle, and injecting the fibrin sealant through the second needle or
polymeric catheter.

63. The method of claim 47, wherein the disc is a lumbar disc.

64. The method of claim 47, wherein the disc is a cervical disc.

65. The method of claim 47, wherein the disc is a thoracic disc.

66. The method of claim 47, wherein a contrast agent is provided either
before the fibrin sealant, with the fibrin sealant, or after the fibrin sealant has
been injected.

67. The method of claim 47, wherein the additives are injected sequentially
either before with or after the fibrinogen and thrombin and at least partially mix
in the disc.

68. A kit, comprising: fibrinogen, thrombin, at least one additive, a spinal
needle or a polymeric catheter or both, wherein the kit excludes corticosteroid
and wherein the kit excludes a device to provide thermal energy to a disc.
69. The kit of claim 68, wherein at least one additive is a local anesthetic.

70. The kit of claim 68, further comprising calcium chloride.

71. The kit of claim 68, wherein the additive is selected from the group consisting of antibiotics; antiproliferative, cytotoxic, and antitumor drugs including chemotherapeutic drugs; analgesic; antiangiogen; antibody; antivirals; cytokines; colony stimulating factors; proteins; chemotactants; EDTA; histamine; antihistamine; erythropoietin; antifungals; antiparasitic agents; non-corticosteroid anti-inflammatory agents; anticoagulants; anesthetics; analgesics; oncology agents; cardiovascular drugs; vitamins and other nutritional supplements; hormones; glycoproteins; fibronectin; peptides including polypeptides and proteins; interferons; cartilage inducing factors; protease inhibitors; vasoconstrictors, vasodilators, demineralized bone or bone morphogenetic proteins; hormones; lipids; carbohydrates; proteoglycans; antiangiogenins; antigens; DBM; hyaluronic acid and salts and derivatives thereof; polysaccharides; cellulose compounds and derivatives thereof; antibodies; gene therapy reagents; genetically altered cells, stem cells including mesenchymal stem cells with transforming growth factor, and/or other cells; cell growth factors; type II collagen; elastin; sulfated glycosaminoglycan (sGAG), glucosamine sulfate; pH modifiers; methylsulfonylmethane (MSM); osteogenic compounds; osteoconductive compounds; plasminogen; nucleotides; oligonucleotides; polynucleotides; polymers; osteogenic protein 1 (OP-1 including recombinant OP-1); LMP-1 (Lim Mineralization Protein-1); cartilage; oxygen-containing components; enzymes; melatonin; vitamins; and nutrients.

72. The kit of claim 68, wherein the fibrinogen and thrombin are in a freeze-dried state.

73. The kit of claim 69, further comprising an introducer needle.
74. The kit of claim 69, wherein the polymeric catheter is sized such that it
does not extend past the tip of an introducer needle during use.

75. A process for manufacturing a kit, comprising: providing a fibrinogen
component, a thrombin component, at least one additive, and a spinal needle
or a polymeric catheter or both, wherein the kit excludes corticosteroid and
wherein the kit excludes a device to provide thermal energy to a disc.

76. The process of claim 75, wherein the polymeric catheter is sized such
that it does not extend past the tip of an introducer needle during use.

77. The process of claim 75, wherein the spinal needle is sized such that it
does not extend past the tip of an introducer needle during use.

78. The use of a first solution comprising fibrinogen and a second
solution comprising thrombin, wherein a solution containing an additive is
used to reconstitute either the fibrinogen, the thrombin, or both, wherein a
corticosteroid is absent from the first and second solutions, in the preparation
of pharmaceutical composition for the treatment of a disc of a mammal that is
leaking nucleus pulposus through at least one defect in the annulus fibrosus.
FIGURE 2

dural sleeve

dorsal root ganglion

"safe triangle"

spinal nerve

ventral ramus

dorsal ramus

pedicle
FIG. 3
FIG. 4