

## LONG TERM FOLLOW UP AT A SINGLE INSTITUTION ON THE FIRST GROUP OF PATIENTS WITH NEUROGENIC DETRUSOR OVERACTIVITY RECEIVING BOTULINUM TOXIN-TYPE A (DYSPORT) AT A SINGLE INSTITUTION.

### Hypothesis / aims of study

Botulinum toxin-A (BOTOX) has shown promising results in the management of refractory neurogenic detrusor overactivity (NDO). Majority of the reports in the literature are experience with BOTOX [Allergan, Irvine, CA, USA] over a short to medium period of follow up. We assessed the long term outcome of BTX-A (Dysport, Ipsen, Luxembourg; 1000 units) in the treatment of drug-resistant NDO in spinal cord injury (SCI) patients.

### Study design, materials and methods

We performed a long term outcomes analysis on the first 37 of the SCI patients with refractory NDO who were treated with intradetrusor injections of 1000 units of Dysport since 2001. Urodynamic results, quality of life scores and treatment satisfaction were prospectively collected. The maximum cystometric capacity (MCC), maximum detrusor pressure (MDP), NDO, continence, and anticholinergics usage were used as outcome variables.

### Results

The mean follow-up was 7 years (range 3-8 years) with an average of 4 Dysport injections per patient (range 1-6 patients). 20/37 patients (54%) continued to have the intradetrusor Dysport injections every 12 to 18 months with clinical and VCMG proven improvement.

### Interpretation of results

The MCC increased from a mean of 259 to 520 ml (p 0.0001), and the MDP decreased from a mean of 54 to 25 cmH<sub>2</sub>O (p 0.01). The incontinence and NDO were abolished in 85% and 80% respectively in this subset of patients. Most of the patients (75%) were able to stop the anticholinergics and 5/20 patients reduced their dosage, and 80% of the patients score favourably on the ICIQ. Of the remaining 2 patients (5.5%) who remained refractory to 2 successive intradetrusor Dysport injections underwent augmentation Ileocystoplasty. In spite of demonstrable clinical and urodynamic benefit from intradetrusor Dysport, 8/37 patients reverted back to oral medications. The reasons were personal preference in 5 cervical SCI patients and recurrent UTI and suprapubic pain in the other 3. The remaining seven patients were decided to be followed up locally.

### Concluding message

Intradetrusor BTX-A (Dysport) injections provide sustained efficacy in refractory NDO in SCI patients. It provides a minimally invasive treatment alternative to invasive surgical treatments with good compliance over a long term period. However, in SCI patients group about a quarter will choose not to have repeated injections.

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<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>it was retrospective study</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>No</b>
<b><i>This study did not follow the Declaration of Helsinki in the sense that</i></b>	<b>No need</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>