751

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INTRAVESICAL ELECTROMOTIVE BOTULINUM TOXIN ADMINISTRATION - NEW APPROACH OF OAB AND BPS TREATMENT

Hypothesis / aims of study.

During more than 15 years, injections of botulinum toxin into detrusor, used for overactive bladder and bladder pain syndrome's treatment [1,2]. Disadvantages of this method: invasiveness, general anaesthesia, patients' fearing. On this reason, we decided to conduct this study. Electromotive drug administration is widely used method of local drugs administration. Molecule of botulinum toxin A (BOTOX) is too heavy (900 kDa) but incobotulinumtoxinA (Xeomin) molecular weight is only 150 kDa. The aim of our study – evaluate the possibility of electromotive Xeomin administration.

Study design, materials and methods

We've evaluated mobility molecules of incobotulinumtoxinA in special device for analytical electrophoresis. There were eleven samples with pH: 5.0; 5.4; 5.8; 6.2; 6.6; 7.0; 7.4; 7.8; 8.2; 8.7; 9.0 Distilled water was used as dissolvent with 0.1N HCl or NaOH.

Electric power was 50 Watt.

<u>Results</u>

Maximal mobility was in sample with pH 5.4, from anode. There was the solution: 100 U incobotulinumtoxinA, 10 ml distilled water with 100 mcl 0.1 N HCl and 1 ml DMSO

Interpretation of results

Our in vitro experiment has demonstrated possibility of electromotive incobotulinumtoxinA administration. We've developed solution for this procedure: 100 U of Xeomin dissolve in 10 ml distilled water with 100 mcl 0.1 N HCl and 1 ml DMSO.

Concluding message

There is a possibility, that intravesical electromotive incobotulinumtoxinA administration through special catheter-electrode can be used for treatment of OAB and BPS after randomized clinical trials.

References

- 1. Botulinum toxin a has antinociceptive effects in treating interstitial cystitis. Smith CP, Radziszewski P, Borkowski A, Somogyi GT, Boone TB, Chancellor MB.
- 2. Botulinum A toxin intravesical injections in the treatment of painful bladder syndrome: a pilot study. Giannantoni A, Costantini E, Di Stasi SM, Tascini MC, Bini V, Porena M.

Disclosures

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