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Intradetrusor Injections of Botulinum Neurotoxin Type A-ABO: Clinical Outcomes and Safety Profile

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Hypothesis: Intradetrusor injection of abobotulinumtoxinA (Dysport®) may improve symptoms of overactive bladder in women.

Aim: To evaluate the clinical efficacy, urodynamic impact, and safety profile of a single 500 U intradetrusor Dysport® injection.

Materials and methods

Design: Prospective observational cohort.

Period: Sept 2024 – Jan 2025.

Patients: 30 women (mean age 65.6 ± 9.9 years).

Intervention: Single intradetrusor injection of 500 U Dysport®, 20 sites including trigone.

Assessments (baseline & 4 weeks):

•OAB-q SF questionnaire.

•Urodynamics (Qmax, Qave, residual urine).

•Urine culture.

•Pad usage.

Results

Urodynamics:

Qmax: **18.6 → 13.0 ml/s**, $p = 0.035$ (significant).

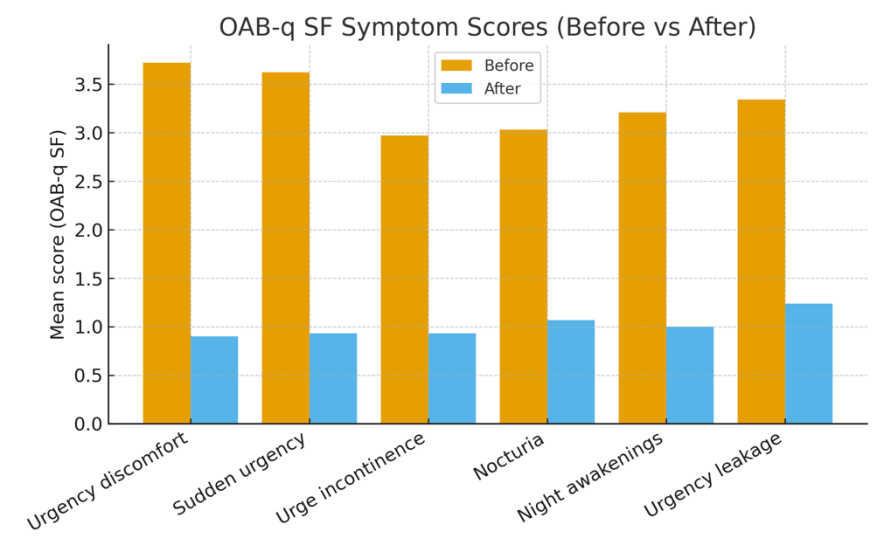
Qave: **10.95 → 6.85 ml/s**, $p = 0.375$ (not significant).

Residual urine >100 ml in 33.3% of patients.

Other findings:

Pad use: 3.8 ± 2.09 → 1 [0–2].

Bacteriuria: 50% → 30.8% (E. coli, Klebsiella, Pseudomonas, Enterobacter).



Conclusions

- Dysport® (500 U) provides significant clinical improvement in women with OAB.
- Reduction in detrusor contractility (↓Qmax) requires monitoring of residual urine.
- Treatment resulted in a significant reduction in Qmax, while the decrease in Qave did not reach statistical significance.
- One third of patients developed residual urine volumes >100 ml, highlighting the need for careful monitoring.
- Dysport® is a safe and effective therapeutic option, comparable to other BoNT-A formulations.