

TREATMENT OF INTERSTITIAL CYSTITIS AND OVER ACTIVE BLADDER WITH BOTULINUM TOXIN TYPE A IN JAPANESE PATIENTS

Hypothesis / aims of study

No specific medicine is available for interstitial cystitis (IC), which is therefore now being treated with hydrodistension plus medication. However, most cases are refractory to this treatment and recur after the treatment. On the other hand, many anticholinergic agents are available for over active bladder (OAB), even so about 30% of OAB patients resist medical treatment. In the field of urology, botulinum toxin type A (BTX-A) has been reported to be effective for the treatment of IC and OAB but is not generally medicated because of its disapproval for health care services provided by health insurance in Japan. We report herein our experience with injections of this agent into the urinary bladder wall for the treatment of intractable IC and OAB.

Study design, materials and methods

We injected 100 units of BTX-A (Botox[®], Allergan Inc.) into the bladder wall, include the trigone, of 9 women and 1 man with a diagnosis of IC and OAB. We evaluated its efficacy by collecting questionnaires before and after the treatment: ICI Questionnaire- Short Form, Overactive Bladder Symptom Score, Interstitial Cystitis Symptom Index and Problem Index, and International Prostate Symptom Score.

Results

Every score was reduced after the treatment compared to before and a part of difference was statistically significant. Although quality of life related to incontinence and symptoms of urinary storage was improved.

Concluding message

We injected BTX-A into the bladder wall for the treatment of intractable IC and OAB, which was improved in symptoms of urinary storage.

Disclosures

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