

## USE OF BOTOX IN THE TREATMENT OF PELVIC FLOOR HYPERTONICIA IN WOMEN WITH CHRONIC PELVIC PAIN: OUR EXPERIENCE

### Hypothesis / aims of study

Vulvodynia, with or without hypertonia of the pelvic floor has a chronic multifactorial etiology. In the history of these patients are often past histories of recurrent infections (especially Candida), previous trauma on the genital area, childhood or puberty stories of sexual abuse. This pathology is often associated with other disorders such as anorexia / bulimia syndromes or anxious / depressive with an altered and problematic body image.

Many studies shown that in these patients tissues vestibular have a high concentrations of mast cells that release inflammatory factors with a state of hyperalgesia. This is associated with micro abrasions and edema.

In addition to pelvic pain, these women may have a different symptoms such as dyspareunia, dysuria and strangury, as well as a pollakiuria day and / or night.

In this study, we used injection of botulinum toxin in those patients in whom muscle hypertonicity component was predominant and were not responding to common conservative therapies.

### Study design, materials and methods

We evaluated from March 2007 to December 2012 67 women with chronic pelvic pain (DPC). All were subjected to a medical history, a physical examination, a questionnaire on the analog scale of pain, quality of life and in those with a prevalence of symptoms of dysuria we performed a urodynamic exam and a cystoscopy with biopsy.

On physical examination, particular importance was given to the site of pain: introitale bilateral, at 5 o'clock and 7 introitale side, medium-vaginal side, with pain evoked with a little pressure at the insertion of muscle sacro elevator, mid-anterior vaginal, introitale mediovaginale and posterior vaginal deep.

The patients had an age between 18 and 65 years.

Only 24 patients had an Hypertonicity of the pelvic floor, with a minimum of 2 years of history of DPC. These patients were subjected to bilateral injection of botulinum toxin (40 units) in muscle. All operations were performed under sedation.

### Results

The midpoint of the analogue scale of pain, assessed immediately after treatment, at 1, 3 and 6 months was significantly decreased, as well as the dyspareunia (80 vs. 28,  $P = 0.01$ ).

The manometry of the pelvic floor muscles showed a reduction of 41%, compared to the baseline blood pressure, to 4 weeks, this was maintained at around 29% at 3 months ( $P < 0.0001$ ).

### Interpretation of results

Hypertonus of the pelvic floor responds to the infiltration of botulinum toxin, without side effects.

### Concluding message

The treatment is simple, minimally invasive and repeatable over time.

### Disclosures

**Funding:** no **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** normal use **Helsinki:** Yes **Informed Consent:** Yes