

## THE BOTOX TREATMENT IS HIGHLY EFFECTIVE FOR INTERSTITIAL CYSTITIS WITHOUT THE URGE URINARY INCONTINENCE.

### Hypothesis / aims of study

We provide treatment with type A botulinum toxin (BoNT-A), Botox for intractable interstitial cystitis patients, but it is the present conditions to be uneven in curative effect. As for the treatment for the urological diseases with BoNT-A, National Health Insurance does not cover it in Japan. In the case of treatment choice, it thought that it was useful to know whether the effectiveness was high for what kind of cases.

### Study design, materials and methods

[Objectives] 18 interstitial cystitis patients treated with BoNT-A from June, 2009 to April, 2014 were prospectively included in the study.

[Methods] Botox injection was performed 22 times for 18 patients. 100 U of Botox (Allergan, Irvine, Calif; USA) was diluted in 10 ml 0.9% NaCl. Under local anesthesia and sedation. Botox was injected through a flexible cystoscope into 10 to 20 sites in the trigone and floor of bladder.

Patients were evaluated the effectiveness by the change with questionnaires; Overactive Bladder Symptom Score (OABSS), Interstitial Cystitis Symptom Index (ICSI), Interstitial Cystitis Problem Index (ICPS), Quality of life (QOL) index, Visual analog scale(VAS) before the treatment (base line; BL) and after treatment in 1, 3 and six months. I divided patients into two groups with urge urinary incontinence (UUI+ group) and without urge urinary incontinence (UUI- group) to examined difference in effectiveness of the treatment. Statistical analysis was performed using the paired *t* test, in which  $P < 0.05$  was considered statistically significant.

### Results

22 times were treated for 18 cases. The median of the age at time of treatment, in nine UUI+ group was 74 years old, in nine UUI- group was 62 years old. In the UUI+ group OABSS was significantly high at BL, and data significantly were significantly improved by treatment in comparison with the UUI- group. ICSI, ICPI, VAS were significantly improved in the UUI- group, but did not recognize statistically meaningful improvement in the UUI+ group. QOL-index was significantly improved in both groups.

### Concluding message

In the pain control of the interstitial cystitis, the effectiveness of the treatment was higher in patients without the urge urinary incontinence. Based on this result, we should consider having urge urinary incontinence or not when we treat to interstitial cystitis patients with BoNT-A.

### Disclosures

**Funding:** none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Tokyo Women's Medical University **Helsinki:** Yes **Informed Consent:** Yes