

THERAPY OF NEUROGENIC AND NON NEUROGENIC DETRUSOR OVERACTIVITY WITH INJECTIONS OF BOTULINUM-A TOXIN INTO THE DETRUSOR MUSCLE AND CONTINENT VESICOSTOMY

Aims of Study

Therapy of neurogenic detrusor overactivity with botulinum-A toxin is well known. We report about our first experiences with this procedure in neurogenic and non neurogenic detrusor overactivity as well as the combination with continent vesicostomy.

Methods

We performed injections with 300 units botulinum-A toxin into the detrusor muscle in 8 patients (7 women and 1 man) in the mean age of 40.9 years (23-74 years). The etiology of detrusor overactivity was in five cases neurogenic, in one case idiopathic, in one case iatrogenic after radical prostatectomy and artificial sphincter implantation and in one case a combination of interstitial cystitis and apoplexy. Seven patients were incontinent due to detrusor overactivity. In three female patients with neurological disorders we performed a vesicostomy with continent suprapubic stoma to improve intermittend self-catheterization before botulinum-A toxin injections.

Results

During follow up averaged 19 month in six patients (neurogenic n=4, non neurogenic n=2) bladder capacity improved significantly (on average 350 ml). These patients were continent during daytime, one patient was wet during sleep further on. Three patients were treated successfully again because bladder capacity decreased on average after 8 month. Two patients showed no satisfactory results and were incontinent in future. In the non neurogenic group two patients performed intermittend self-catheterization after botulinum-A toxin injections further on. No complications were seen by botulinum-A toxin therapy. In all patients with vesicostomy the suprapubic stoma is continet and intermittend self-catheterization is easily to perform. In one patient stoma stenosis was corrected twice.

Conclusions

Preliminary results show that botulinum-A toxin injections into the detrusor muscle seem to be a safe therapeutic option in neurogenic and non neurogenic detrusor overactivity. Bladder capacity and continence improved in both groups. The combination with a continent vesicostomy is possible to improve intermittend self-catheterization even in patients with reduced bladder capacity.