#595 BOTULINUM TOXIN A AS A TREATMENT FOR URINARY INCONTINENCE. USE OF 5 VS 20 INTRAVESICAL INJECTIONS.

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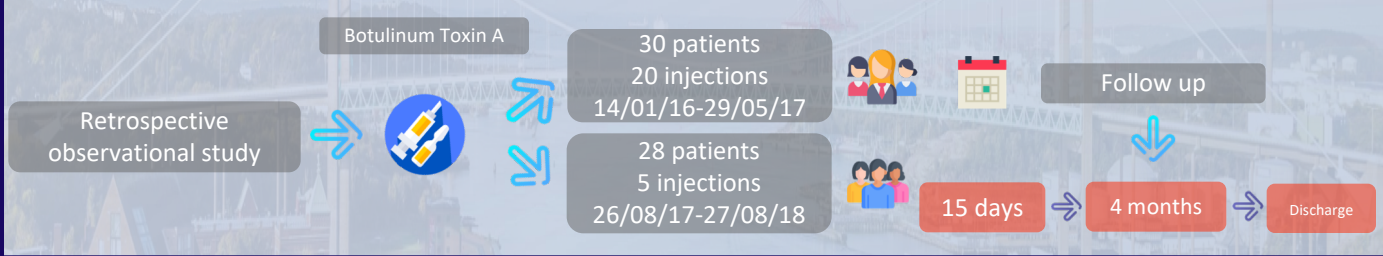
INTRODUCTION

- In those patients who do not respond to the first line of treatment in overactive bladder, that is, behavioral therapy, anti-muscarinic therapy has traditionally been used as the second line of treatment. However, their significant side effects can be the reason for non-adherence, even in cases of significant clinical success.
- Intra-detrusor injection of botulinum toxin may have beneficial effects in those patients with medication refractory detrusor overactivity and may offer a new minimally invasive alternative to patients with severe overactive bladder symptoms.

AIM OF STUDY

- To determine whether 100U toxin injected at 5 sites rather than 20 sites throughout the detrusor muscle show comparable results in the treatment of patients with overactive bladder and urgency urinary incontinence refractory to pharmacological therapy.

METHODS



RESULTS

BASELINE VISIT

Age, body mass index, daytime and night-time urinary frequency and number of disposable absorbent products.

No differences were found on personal history of diabetes mellitus, tobacco habit, consumption of bladder irritants, previous pharmacological treatment, percentage of patients with pure urgency urinary incontinence (versus mixed urinary incontinence), presence of pelvic organ prolapse and access to behavioral therapy.

No differences regarding to the personal history of surgical intervention of U.I. in both 2 groups. In both groups, the most frequent was the use of pads as disposable absorbent products. In all patients the procedure was well tolerated.
Behavioral therapy: 20 injections group → 90% vs 5 injections group →85.7%.

4 MONTHS LATER

No difference in the need to raise the dose of botulinum toxin or even in the need of stopping any previous medication for urinary incontinence.

BASELINE VISIT

ICIQ-SF with 20 injections → 9,31 compared to 12,32 in the 5 site injection group.→ QoL related with U. I. in the group of the 5 injections was basally worse.

3 patients that pertained to the 5 injections site group had a history of chemotherapy and radiotherapy.

64.3% (18 cases) of patients with 5 injections had a previous intravesical administration.

Estrogen therapy was administered in a higher number of patients within the group of 5 injections, (57.1% vs 20%).

AFTER 14 DAYS

42.9% of the 20 injections group did not need disposable absorbent products yet, with the most frequent use of pads (46.2%) in the group of 5 injections.

4 MONTHS LATER

Complete continence in the group of 20 injections vs 5: 53.3% vs 17.9%, being partial continence the most frequent in the group of 5 injections (42.9% vs 33.3%).
ICIQ-UI SF after 4 months in the 20 injections site group was 2.93 versus 8.70 in the group of 5 injections.

INTERPRETATION OF RESULTS

- This research show as an evidence that none of the patients to whom the botulinum toxin A was administered through 20 injections, had been subjected to the same treatment previously.
- However, 64% of the patients in the group of 5 injections, had been subjected to a previous administration of botulinum toxin A at 20 sites. Therefore, the presence of greater symptomatology in the group of 5 injections was an observed and objectified fact.

CONCLUSIONS

- Although more studies are needed to determine the safety and efficacy of 5 injections administration for botulinum toxin, our results support that this modification in the administration of the treatment can be not only as effective as a 20 injections distribution, but faster.