477. Chronic refractory pelvic pain: management with botulinum toxin

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HYPOTHESIS

Chronic pelvic pain syndrome (CPPS) : perception of **pain in pelvic-related structures** with associated lower urinary tract, sexual, bowel or gynecological dysfunction **> 6 months .**

Myofascial pelvic pain : Pain of the pelvic floor muscles and connecting fascia.

Myofascial trigger points → **hypersensitive tight bands** within the **muscles**, which elicit a **referred pain** pattern

Rehabilitation treatment is key pillar in these patient's management.

- Manual techniques, correction of biomechanical alterations, muscle re-education, electrostimulation , **interventional procedures.**
- **Transvaginal infiltration of botulinum toxin A (BTX/A**). Statistically significant results in the reduction of pelvic pain, pelvic floor pressure and dyspareunia.

DUAL MECHANISM

1. **Muscle relaxation** induced by the release of acetylcholine at the neuromuscular junction. **3 to 6 months**.
2. **Direct antinociceptive effect**, blocking the release of local neurotransmitters involved in pain signaling.

STUDY DESIGN, MATERIAL AND METHODS

Descriptive cross-sectional study: women with chronic pelvic pain refractory to previous rehabilitation treatments, attended in the rehabilitation department of a tertiary hospital from January 2022 to December 2023.

29 women diagnosed with **refractory chronic pelvic** pain, who underwent **infiltration with botulinum toxin** with **periodic check-ups**

Clinical assessment protocol: sociodemographic data (sex, age, parity), cause of pain, time of pain in years, previous treatments, toxin doses, reinfiltrations and complications.

Visual analog scale (VAS) : review tool **before and after** each intervention.

To describe the results of treatment with botulinum toxin infiltration in women with pelvic pain, refractory to previous rehabilitation treatments.

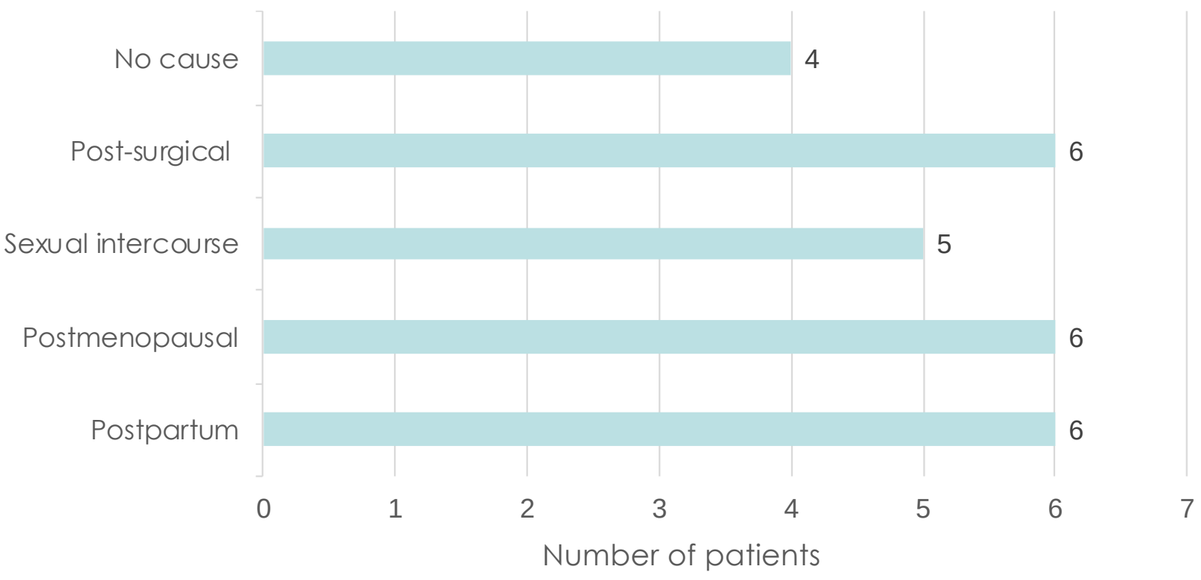
RESULTS AND INTERPRETATION

Twenty-nine female patients were evaluated.

Mean **age** of **45.79 years.**

The mean **time of pain** was **2.66 years.**

Initial mean **VAS** of **7.90**.



Regarding the **previous treatments performed:**

7 patients → combined treatment (rehabilitation treatment + dry needling + corticosteroid infiltrations)
4 patients → physiotherapy treatment (manual +/- dry needling)
12 patients. → corticosteroid infiltrations
6 patients → rehabilitation treatment + corticosteroid infiltrations.

Mean dose of botulinum toxin → **84.4 IU**, distrubuted in **1 to 3 spots**.

The infiltrated muscles:

iliococcygeus: 13 patients
puborectal: 10 patients
pubovaginal: 1 patient

* 2 of the patients being a combination of the three muscles, 12 patients in introitus (6 only in introitus and 6 combined with other muscles) and 2 patients in episiotomy (1 in scar and another patient combined).

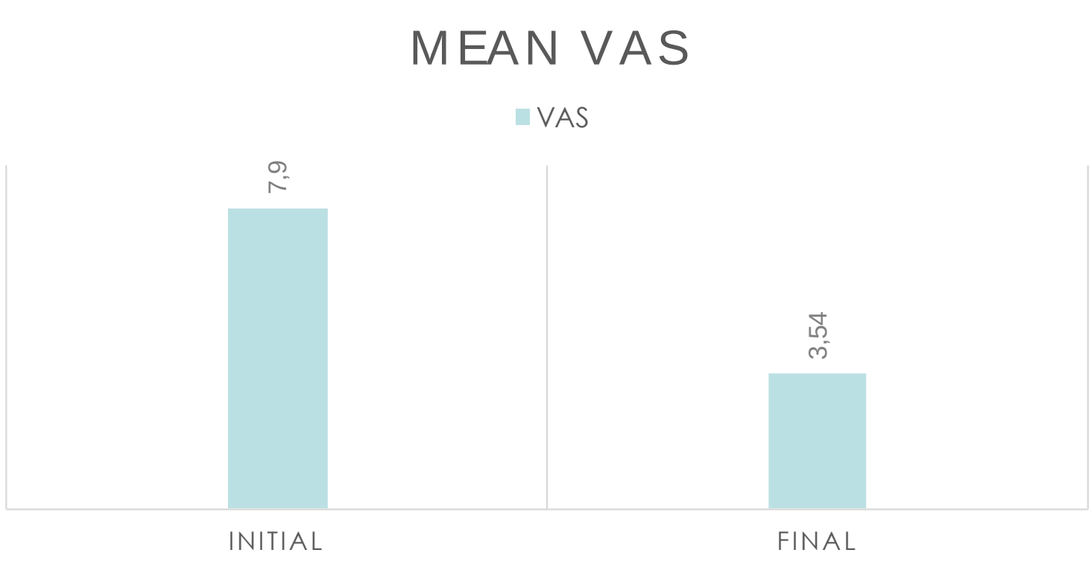
One month after infiltration mean **VAS was reduced** by almost 50% (3.54 with SD 2.84)

Statistically significant ($p<0.001$) measured with Student's t-test.

In **4 cases no improvement** was found.

5 patients required a **new infiltration** in the following 3 to 6 months.

No complications related to the technique or BTX/A were found.



CONCLUSIONS

1. The benefit of BTX/A use as a treatment for chronic refractory pelvic pain has been demonstrated. This technique is useful, effective and safe.
2. Studies with a larger sample size, as well as including a control group should be developed.
3. Pelvic floor muscle infiltration with BTX/A, should be considered as a complementary therapeutic option to the usual physiotherapy treatment.

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