

SAFETY AND EFFICACY OF BOTULINIUM TOXIN A INTRAVESICAL INSTILLATION IN TREATMENT OF REFRACTORY OVERACTIVE BLADDER

Hypothesis / aims of study

Overactive bladder syndrome (OAB) is a common condition with a negative impact on quality of life. Botulinum toxin is commonly used. Despite the favorable outcomes seen using Botulinum toxin A, the method of injection and side effects still need to be solved.

Our aim is to use Botulinum toxin with simple method and check its safety and efficacy.

Study design, materials and methods

82 patients with refractory OAB were included in this study. Inclusion criteria was refractory non neurogenic OAB not responding to conservative management for at least 3 months. After written consent, Patients were randomly divided into two groups. **Group A** 45 patients received Botulinum Toxin A 100 unit intravesical instillation diluted in 50 cc normal saline, **Group B** 37 patients received placebo in the form of 50 cc normal saline by the same method.

Patients were evaluated initially by history, physical examination, overactive bladder symptom score (OABSS), quality of life symptom score (QOLSS), urine analysis, routine Laboratory investigations, KUB, Pelviabdominal ultrasound and urodynamics. Patients were followed up at one, and two month post instillation for efficacy and safety by OABSS, QOL score, side effects and postvoid residual urine.

Results

No significant age difference was found in both groups (mean age of Group A was 30.2 ± 8.37 and Group B 31.4 ± 7.11). Significant improvement in OABSS, (from 9.46 ± 1.8 to 3.1 ± 2.1 , and 2.8 ± 2.5) and QOLSS (from 42.2 ± 1.2 to 83.8 ± 6.6 , and 83.2 ± 8.1) was found in Group A while not in Group B at one and two months follow up ($p < 0.001$). No significant increase in residual urine ($p = 0.22$), nor a case of urinary tract infection was reported.

Interpretation of results

patients in Group A achieved significant improvement in OABSS and QOLSS at 1st and 2nd months follow up and this proves the efficacy of intravesical instillation of Botulinum Toxin A 100 units. However Group B showed non significant improvement over the follow up period.

Concluding message

Intravesical instillation of Botulinum toxin A is safe and effective in treatment of refractory OAB without the need of cystoscopy and needle injection.

Disclosures

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