

## HYDRODISTENSION PLUS BOTULINUM TOXIN IN REFRACTORY BLADDER PAIN SYNDROME

### Hypothesis / aims of study

Bladder pain syndrome (BPS) is a disease of unknown etiology with a complex treatment. When conservative management fails, European guidelines suggest to carry out, under general anesthesia, hydrodistension plus botulinum toxin, as an effective option.

### Study design, materials and methods

We performed a retrospective study of 21 patients with refractory BPS, who underwent bladder hydrodistension plus 100 U of botulinum toxin in trigone, between 2012 and 2014. In all, 27 procedures (21 first procedures and 6 relapses) were performed. In order to assess the pain improvement we used: TBS and PGIC, EVA score and BPICC-SS questionnaire. Moreover, we evaluated the degree of change in micturition frequency with a three day bladder diary. We used Wilcoxon and Kruskal-Wallis test for the data analysis. Finally, we assessed how long the improvement lasted by means of a Kaplan-Meier curve.

### Results

In 21 of 27 procedures (85%), the patients described that their pain had improved (3 slightly, 9 mildly and 21 strongly). EVA score decreased strongly one month after the procedure, with a statistically significant difference ( $p:0.022$ ). We also observed a decrease in diurnal and nocturnal micturition frequency, but without a statistically significant difference ( $p:0.589$  and  $p:0.074$ , respectively). On the other hand, the observed improvement was seen both in first procedures and in successive ones. These results were independent of age and previous cystoscopic findings. The median duration of pain relief was 6 months (IC95%: 3,7-8,3).

### Interpretation of results

Hydrodistension plus botulinum toxin can be considered as an effective treatment in refractory patients which can be performed every six months since the effectiveness in relapses cases is similar to that obtained in primary cases.

### Concluding message

Bladder hydrodistension under general anesthesia plus botulinum toxin injection is a suitable treatment in refractory BPS.

### References

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3. J Urol. 2013 Feb;189(2):548-53. Persistent therapeutic effect of repeated injections of onabotulinum toxin a in refractory bladder pain syndrome/interstitial cystitis.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Because this is a retrospective study **Helsinki:** Yes **Informed Consent:** Yes