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Botulinum toxin type A in pain treatment- clinical experience with 100 patients

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Background: Considered once the most toxic substance in the world, botulinum toxin (BTX) is presently under a more engaging day. Its medical use has gained an important extension in the treatment of dystonia and spasticity. Other fields still support the validation of some clinical trials this is the case of pain.

Methods: We report a clinical experience with 100 patients who presented chronic pain phenomenon, such as migraine, tension headache, lower back pain (LBP), painful diabetic neuropathy (PDN), post herpetic neuralgia (PHN) and trigeminal neuralgia (TN). All patients presented a pain 7/10 on the visual numeric scale (VNS), with or without prior treatment. They were treated with BTX type A each 3 months and followed for 12 months. The doses and routes used were: Migraine (30 units, 12 sites/4 muscle groups); tension headache (30units, 6sites/2muscle groups); LBP (200 units, 8 sites/2 muscle groups); PHN and TN (0, 5-1 unit/cm² intradermally) and PDN (1-2 unit/cm² subcutaneous).

Results: The sex ratio (F/M) was 1.3 and the average age was 43.3 years with age limits of 11 and 79 years. It was noted 26% of TN, 23% PDN, 20% migraine, 15% LBP, 11% headache and 5% PHN. The average gain (decrease) on VNS was 4.11 points. The gain was 5.6 points for TN, 5.3 for PHN, 5 for LBP, 4.2 for tension headache and 3.2 for PDN. Migraine attacks decreased from 4.1 to 1.2 per month with a gain of 1.4 points on VNS.

Conclusion: It is evident that BTX has an analgesic effect which has been demonstrated with several clinical studies. Future research should include expanding domains of treatable diseases, doses, injection intervals and complications.

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