Bacterial ecology and antibiotic resistance in patients with neurogenic overactive bladder treated by botulinum toxin injections

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Botulinum toxin A is the gold standard for the treatment of neurogenic overactive bladder. These patients mostly use clean intermittent self catheterization. Colonisations are frequent and detrusor injections are at risk for infections.

Methods.– A retrospective multicenter study was conducted by members of the “Groupe de Neuro-Urologie de Langue Française” (GENULF), within nine academic centers. All patients (n = 27) who benefited from an AE and a supplementary detrusor injection of BTX-A for a NDO were included.

Clinical (epidemiological, surgical, functional) and uro-dynamic data (maximum cystometric capacity, detrusor pressure at first reflex detrusor contraction and at maximum cystometric capacity, reflex detrusor volume, bladder compliance) were collected from the medical files in a standardized questionnaire.

Results.– Twenty-seven patients with various neurological disorders were included: 12 congenital disorders (spina bifida, sacral agenesis), 10 spinal cord injuries, two multiple sclerosis, and three neurogenic bladders of unknown aetiology. AE was performed with ileum in 16 cases and colon in eight cases. Supratrigonal cystectomy was associated in 15 cases. Primary failure of AE occurred in 11 cases and delayed failure in 14 cases. In case of delayed failure, the average duration between AE and failure was 10.4 years (1-26 years). BTX-A injections improved the symptoms, completely or partly, in 15 of 27 cases (55.5%). The clinical success was associated with a request for reinjection in 14 patients (51.9%).

Conclusions.– In our study, BTX-A injections provided a clinically significant benefit to 55.5% of patients. BTX-A injections are a treatment to consider in case of refractory NDO as a last resort in a patient who previously had an AE.

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References
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