

Poster presentation

Unilateral versus bilateral thyroarytenoid Botulinum toxin injections of in adductor spasmodic dysphonia

Jesuloba Abiola, Waseem Jerjes, Ruth Epstein, John Rubin and Tahwinder Upile*

Address: Head & Neck Centre, University College London Hospitals, London, UK

* Corresponding author

from 1st Scientific Meeting of the Head and Neck Optical Diagnostics Society
London, UK. 14 March 2009

Published: 28 July 2009

Head & Neck Oncology 2009, 1(Suppl 1):P25 doi:10.1186/1758-3284-1-S1-P25

This abstract is available from: <http://www.headandneckoncology.org/content/1/S1/P25>

© 2009 Abiola et al; licensee BioMed Central Ltd.

Introduction

In this prospective study, we compared unilateral and bilateral thyroarytenoid muscle injections of Botulinum toxin (Dysport®) in 31 patients with adductor spasmodic dysphonia, who had undergone more than 5 consecutive Dysport® injections (either unilateral or bilateral) and had completed 5 concomitant self-rated efficacy and complication scores questionnaires related to the previous injections. We also developed a Neurophysiological Scoring (NPS) system which has utility in the treatment administration.

Materials and methods

Data were gathered prospectively on voice improvement (self-rated 6 point scale), length of response and duration of complications (breathiness, cough, dysphagia and total voice loss). Injections were performed under electromyography (EMG) guidance. NPS scale was used to describe the EMG response. Dose and unilateral/bilateral injections were determined by clinical judgment based on previous response. Time intervals between injections were patient driven.

Results

Low dose unilateral Dysport® injection was associated with no significant difference in the patient's outcome in terms of duration of action, voice score and complication rate when compared to bilateral injections. Unilateral injections were not associated with any post treatment total voice loss unlike the bilateral injections.

Conclusion

Unilateral low dose Dysport® injections are recommended in the treatment of Adductor Spasmodic Dysphonia.