
Use of botulinum toxin type A (XEOMIN®) injections to the perineal muscles in case of perineal pain and dysfunction associated with pelvic floor muscle overcontraction and myalgia

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Abstract: *Study objective:* To report the effect of botulinum toxin injection (BTI) type A (XEOMIN®) into pelvic floor muscle on symptoms of patients presenting perineal pain associated with pelvic floor muscle overcontraction and myalgia at clinical examination.

Patients: 420 patients (294 women and 126 men) identified with levator ani and/or obturator internus and/or perineal superficial muscles (bulbocavernosus, ischiocavernosus) overcontraction and myalgia with trigger points along the muscles. All of them presented with symptoms of perineal, vulva, vaginal, urethral, testicular, anal and/or inguinal pain. Pain was most of the time described as burning sensation or spasm. Dysfunction associated with the pain ranged from dysuria, terminal constipation, dyspareunia to painful ejaculation in men. Criteria of pudendal neuralgia were also examined according to the Aix-en-Provence criteria.

Intervention: Patients were injected with 100 to 400 IU of XEOMIN®, over a period of three years from December 2008 to December 2011, into one or both levator ani and/or obturator internus muscles and/or perineal superficial muscles. The maximum injected was 400 UI in total. Muscle injections were performed under electro-myo-stimulation and/or ultrasound control.

Results: All the patients had a physical therapy muscle relaxation programme before and after the BTI. Patients were evaluated on their pain level (VAS), muscle relaxation and trigger point. There were very few adverse events: five women had a worsening of their vaginal prolapse and eight women out of 294 experienced a short period of urinary or fecal incontinence (2.7%). Of 397 patients who came back, 370 (93%) patients had an improvement of their muscle overcontraction and myalgia. 308 patients (78%) had their pain improved going from slight improvement to no pain. 119 patients had their pain starting after a physical trauma (sport trauma, fall, or traumatic delivery) and 108 (91%) of them had an improvement of their pain. Of 58 women who had associated provoked vulvodynia, 47 (82%) were improved. 178 patients had also a diagnosis of pudendal neuralgia. The neuropathic pudendal pain was improved in 57%. 76 had no change after injection (43%) and 70 patients

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needed pudendal nerve releasing surgery for nerve entrapment. Dysuria was improved in 92%, obstructed defaecation syndrome in 72%, painful ejaculation in 96%, erectile dysfunction in 70%.

References:

Mollo, M., Baurtrante, E., Rossi, A.K., Collet, S., Boyer, R. and Thiers-Baurrant, D. (2009) 'Evaluation of diagnostic accuracy of colour duplex scanning, compared to electroneuromyography, diagnostic score and surgical outcomes, in pudendal neuralgia by entrapment: a prospective study of 96 patients', *Pain*, Vol. 142, pp.159–163.

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