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AT Botulin's therapeutic use expands; the neurotoxin produces significant symptomatic improvement in patients with spastic dysphonia and torticollis as well as in those with blepharospasm. (includes related article)

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Author: Jean McCann

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Botulin's Therapeutic Use Expands Cincinnati--"Spectacular" results with more than 40 patients suggest that injecting botulinum toxin into the vocalis muscles is the treatment of choice for spastic dysphonia, says a New York neurologist.

The most common use of the neurotoxin has been for blepharospasm, but an increasing number of patients with other focal dystonias, such as spastic dysphonia and torticollis, are responding to "botox" treatments, Dr. Mitchell Brin said at the American Academy of Neurology meeting here. About two-thirds of all patients given the toxin have shown symptomatic improvement, noted Dr. Brin, coordinator of Columbia University's Dystonia Clinical Research Center.

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He said 42 people with spastic dysphonia have received the experimental treatment at the Columbia center, where researchers have given it to a total of 250 patients with various focal dystonias.

Bilateral injections. The spastic dysphonia patients received 2.5 to 3.72 units of the toxin, injected through a Teflon-coated, hollow electromyogram recording needle into both vocalis muscles. Previous experiments had shown that injecting only one cord gave no improvement, said Dr. Brin, an assistant professor of clinical neurology.

Three of the patients had undergone previous laryngeal nerve resection that failed to cure their spastic speech. The toxin treatments were successful in two of them, but not in the third patient, who "had a different form of spastic dysphonia--one in which the vocal cords are kept apart rather than kept together," Dr. Brin said.

All but one of the 39 patients who had not had surgery got good results from the toxin injections. The physicians had told a man with a severe stuttering disorder that "the toxin likely would not help his stuttering," Dr. Brin said. "It did help his vocal cords, but his stuttering was so severe that his general status was not improved."

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Improvement lasted a mean of about three months, and some patients went seven or eight months before repeat injections were necessary. The first patients were treated in 1984, and some have had several injections.

Side effects. Immediate side effects included a breathy voice lasting from three days to three weeks and a mild choking sensation for up to five days.

But even though "no serious side effects" have been seen after "thousands" of treatments for blepharospasm, researchers have a lingering concern about the toxin's potential to do harm, according to Dr. Brin. What's needed are animal studies "looking at the long-term effect of injecting large doses of the toxin."

The toxin can escape into the blood-stream, he noted. "In addition, we know that if you inject the eye or neck muscles, there is evidence of denervation of the arm muscles. That is my biggest concern."

About 10% of patients who got relatively high doses of botulinum toxin for torticollis have developed antibodies that have interfered with the efficacy of later injections, he said.

In torticollis, the toxin's success rate remains at about 60% to 75%, he said. "We are very cautious in our definition of a good response--at least a 25% benefit."

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