

OUT OF COMMITTEE

Academy Policy Statement Botox for Spasmodic Dysphonia

Editor's Note: The following statement was approved by the Board of Directors on September 12, 1990. See also "Grand Rounds at the Clinical Center of the NIH" JAMA P2671-5, Vol. 264, November 28, 1990.

JCG

Botulinum Toxin Treatment

Treatment of Spasmodic Dysphonia:

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. considers Botulinum toxin (BOTOX) a safe and effective modality of treatment for spasmodic dysphonia (adductor laryngeal dystonia) and it may be offered as primary therapy for this disorder.

Botox Treatment for Other Head and Neck Dystonias

A. Blepharospasm:

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. considers Botox a safe and effective modality for the treatment of blepharospasm and it should be offered as a primary form of therapy. Botox has been approved as a safe and effective treatment of blepharospasm by the FDA.

B. Cervical Dystonia (Spasmodic Torticollis):

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. considers Botox a safe and effective modality for the treatment of cervical dystonia. There is some controversy as to whether Botox or pharmacotherapy should be offered as primary therapy. The benefit from Botox outweighs that of pharmacotherapy in many cases, certainly for the treatment of rotational cervical dystonia, or cervical dystonia associated with severe pain. In cases where there is inadequate response with pharmacotherapy, or there are intervening side effects, treatment with Botox may be offered.

C. Orolingualmandibular Dystonia:

1. The American Academy of Otolaryngology-Head and Neck Surgery, Inc. states that local injections of Botox into the masseter and temporalis muscles for jaw-closing, and external (lateral) pterygoid and digastric muscles for jaw-opening dystonia is established as a safe and effective modality for managing this disorder.
2. Considering the difficulty of the procedure in treating complicated jaw deviations and jaw opening, this form of treatment is limited to patients who have failed more conservative therapies. However, the benefit has been dramatic for some in this select group. Use of Botox

for jaw-opening and deviation dystonia, injecting toxin into the external pterygoid and digastric muscles is promising, but additional experience is needed.

3. Lingual dystonia may be effectively treated with Botox, but there is a significant risk of dysphagia. Botox therapy is investigational for this indication.

Hemifacial Spasm (HFS):

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. considers focal injections of Botox into facial muscles a safe and effective modality in treating the hyperkinesis of HFS. This modality of therapy may be offered as primary therapy in managing the condition.

Update on Academy's Outcomes Research Activity

From a recent letter written by Gerald B. Healy, MD, chairman of the Task Force studying outcomes in throat disease, to James E. Strain, MD, Executive Director of the American Academy of Pediatrics:

"We are delighted that the American Academy of Pediatrics has decided to join with the American Academy of Otolaryngology-Head and Neck Surgery in what we consider an extremely important pilot study. I sincerely hope that this is just the first step in a long term relationship of cooperative efforts to evaluate treatment outcomes of those pediatric diseases that are of mutual interest to the membership of both organizations."

The pilot study involves an analysis of data on medical and surgical treatment of tonsillitis and otitis media at the Marshfield Clinic in Wisconsin. Each of the two Academies is contributing \$7500 to this project.

AAO-HNS BULLETIN/December 1990

Botulinum Toxin Treatment



Adopted 7/20/90

Section I. Treatment of Spasmodic Dysphonia (Laryngeal Dystonia)

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. ("AAO-HNS") considers Botulinum toxin a safe and effective modality for the treatment of spasmodic dysphonia and it may be offered as primary therapy for this disorder.

Section II. Botox Treatment for Other Head And Neck Dystonias

A. Blepharospasm

The AAO-HNS considers botulinum toxin a safe and effective modality for the treatment of blepharospasm and it may be offered as a primary form of therapy. Botulinum toxin has been approved as a safe and effective treatment of blepharospasm by the FDA.

B. Cervical Dystonia (Spasmodic Torticollis)

The AAO-HNS considers botulinum toxin a safe and effective modality for the treatment of cervical dystonia. There is some controversy as to whether botulinum toxin or pharmacotherapy should be offered as primary therapy. The benefit from botulinum toxin outweighs that of pharmacotherapy in many cases, certainly for the treatment of rotational cervical dystonia, or cervical dystonia associated with severe pain. In cases where there is inadequate response with pharmacotherapy, or there are intervening side effects, treatment with botulinum toxin may be offered.

C. Orolinguo-mandibular Dystonia

1. The AAO-HNS states that local injections of botulinum toxin into the masseter and temporalis muscles for jaw-closing, and pterygoid and digastric muscles for jaw-opening dystonia is established as a safe and effective modality for managing this disorder.
2. Considering the difficulty of the procedure in treating complicated jaw deviations and jaw opening, this form of treatment is limited to patients who have failed more conservative therapies. However, the benefit has been dramatic for some in this select group. Use of botulinum toxin for jaw-opening and deviation dystonia, injecting toxin into the pterygoid and digastric muscles is promising, but additional experience is needed.
3. Lingual dystonia may be effectively treated with botulinum toxin, but there is a significant risk of dysphagia. Botulinum toxin therapy is investigational for this indication.

D. Hemifacial Spasm (HFS) and/or Synkinesis

The AAO-HNS considers local injections of botulinum toxin into facial muscles a safe and effective modality in treating hemifacial spasm and/or synkinesis. This modality of therapy may be offered as primary therapy in managing the condition.

E. Neurogenic Laryngeal Stridor

The AAO-HNS considers local injections of botulinum toxin into laryngeal muscles an effective modality in treating neurogenic laryngeal stridor. This modality of therapy may be offered as primary therapy in managing the condition. While it is generally very safe, the nature of the disorder and the potential contributing problems such as stridor and aspiration should be considered in its case.

F. Frye's Syndrome

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Botulinum toxin can be applied to patients for treatment of Frey's Syndrome and gustatory sweating related to autonomic dysfunction.

Section III. Treatment of Other Conditions

A. Facial Cosmetics

Botulinum toxin can be applied to patients for the treatment of dynamic and hyperkinetic facial lines and furrows.

B. Recalcitrant Hyperfunctional Voice Disorders

Botulinum toxin can be injected for management of recalcitrant muscular tension dysphonia, mutational dysphonia, and other hyperfunctional voice disorders (i.e., vocal fold granulomas or traumatic mucosal injury) that do not resolve with more traditional voice therapy methods and other more conservative medical measures.

C. Cricopharyngeus Muscle Hypertonicity

In select patients, botulinum toxin may be useful in the treatment of dysphagia due to hypertonicity of the cricopharyngeus muscle. Botulinum toxin can also be applied to patients with post-laryngectomy cricopharyngeus muscle hypertonicity causing difficulty with the use of voice prostheses.

Reviewed 9/20/95

Revised 4/9/97

Reaffirmed 3/1/98

Reviewed 1/3/06

Guidelines are not a substitute for the experience and judgment of a physician and are developed to enhance the physicians' ability to practice evidence-based medicine.

Important Notice

The American Academy of Otolaryngology-Head and Neck Surgery, Inc. and Foundation (AAO-HNS/F) Policy Statements are guidelines only. In no sense do they represent a standard of care. The applicability of an indicator for a procedure, and/or of the process or outcome criteria, must be determined by the responsible physician in light of all the circumstances presented by the individual patient. Adherence to these guidelines will not ensure successful treatment in every situation. The AAO-HNS emphasizes that these policies should not be deemed inclusive of all proper treatment decisions or methods of care, nor exclusive of other treatment decisions or methods of care reasonably directed to obtaining the same results.

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