



Editorial Comment: Solifenacin treatment after intradetrusor injections with botulinum toxin in patients with neurogenic detrusor overactivity

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COMMENT

This prospective study evaluated whether adding solifenacin to the intradetrusor injection of botulinum toxin A (BoNT) could boost the effect of BoNT in patients with neurogenic detrusor overactivity (NDO) due to multiple sclerosis or spinal cord injury refractory to antimuscarinics alone (1). Thirty-nine patients who achieved total continence after BoNT injections were included in the analysis (group A: BoNT injections; group B: BoNT + solifenacin) and were followed for a minimum of 24 months. Data from urodynamic testing and questionnaire assessments before and 3 months after injections and reinjections were gathered.

Reinjection was needed after a mean 8.2 months for group A and 11.7 months for group B. Patients receiving solifenacin also presented greater OABq score improvement ($A = 17.25 \pm 5.07$, $B = 20.44 \pm 4.51$, $P = 0.0485$), as well as maximum bladder capacity ($A = 11.05 \pm 7.04$ mL, $B = 19.39 \pm 6.43$ mL, $P = 0.0005$). However, differences in Pdet change ($A = 51.72 \pm 16.57$ cmH₂O, $B = 50.80 \pm 16.33$ cmH₂O, $P = 0.7635$) and post-void residual change ($A = 17.67 \pm 12.63$ mL, $B = 12.30 \pm 8.32$ mL, $P = 0.126$) were not statistically significant.

Authors concluded that adding solifenacin to BoNT improved patient satisfaction and increased the interval between reinjections. Nevertheless, this is a non-randomized trial, which lacked a placebo control group. Further well-designed studies (e.g. RTCs) are still warranted before definitive conclusions may be drawn concerning the role of adding antimuscarinics to patients receiving BoNT to treat NDO.

CONFLICT OF INTEREST

None declared.

REFERENCES

1. Ciofu I, Ceausu I, Chirca NM, Persu C. Solifenacin treatment after intradetrusor injections with botulinum toxin in patients with neurogenic detrusor overactivity. *Am J Ther.* 2022 Jun 21. Epub ahead of print.

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