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# UPDATE IN UROLOGY

**NEURO-UROLOGY** 

# 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**

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# **ARTICLE INFO**

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