

SC-B5-04

PROTILERIN IN THE THERAPEUTIC PRACTICE
IN MOTOR NEURON DISEASE

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In spite of the contradictory literatural data respecting the therapeutic possibilities of T.R.H. in S.L.A. and other types of MND, we encouraged by the first positive evaluations about its efficacy (Paten 1988), began its application in 1988. We carried out independently or combined with other medicaments treatment of S.L.A. and some other syndromes of MND with protilerin. Under observation are 23 patients (12 of them with proved S.L.A. or S.L.A.-syndrome, 4 with leading anterohornal or anteroradical syndrome, 7 with myopathic syndromes of incompletely differentiated or mixed type). A scheme of course therapy of 20-30 infusions daily with 200-400 mgr T.R.H., 3-5 times annually was apprehended. During the Protilerin course vitamins of the B-group and physical therapy was applied to all the patients. In the intervals drugs, vasoactive medicaments, neuromediators were given to the patients. In 5 cases in the last course Testosteron was also applied.

Positive result was registered in 2/3 from the patients according to clinical indexes as follows: decrease up to disappearance of the fasciculated muscular cramps, increase of the volume of the movements and the muscular strenght. The effect in the myopathic syndrome cases is weaker except the perfect result in one patient with endocrinal myopathy-(C.T.-/empty sella/).

In summary - the results of the three years observation are quite encouraging, especially for S.L.A., whose fatal prognosis is known.

SC-B5-05

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15 patients with medically intractable torticollis, entered a double-blind placebo controlled study, treating their torticollis with either botulinum toxin A or normal saline. As a guidance for botulinum toxin treatment (BT), we performed turns-amplitude analysis of of EMG in 4-6 muscles: the sterno-cleidomastoid muscles, the splenius capitis muscles, and the trapezius muscles. Only muscles with abnormal increased EMG-activity at rest, defined by more than 100 turns per second, were treated. EMG and BT treatment were performed every six weeks for 18 weeks. Dosis of BT was standardized: 75 units in each muscle with abnormal activity. Video-tape recording were done every 3 weeks. Evaluation of clinical observation, video-tapes and EMG was carried out by 3 blinded observers. BT was proven to be superior to placebo in all kinds of assessments. No serious or systemic sideeffects were noted.

Title: Botulinum toxin treatment of Torticollis, with quantitative EMG as guidance.

SC-B5-06

ADDUCTOR LARYNGEAL DYSTONIA (SPASTIC DYSPHONIA):
TREATMENT WITH LOCAL INJECTIONS OF BOTULINUM TOXIN
TYP A

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Adductor spastic dysphonia is a laryngeal dystonia characterized by a choked, constrained voice pattern with breaks in vocal flow. Treatment with a variety of therapies including speech and pharmacotherapy have minimal benefit. We have used local injections of botulinum toxin bilaterally into vocalis muscles in 8 patients. Injections were through a teflon-coated hollow electromyography (EMG) recording needle, we applicated bilaterally doses of 3,75 Porton Units under EMG recording. Patients were scored using a subjective rating, estimating in the percent of normal speech (0% = no speech or full disability, 100% = normal speech). Videotapes and voice recordings were performed before and after treatment, using a standardized text measuring time of reading and counting the breaks. Common side effects as a mild sensation of choking and a brief period of breathy hypophonia were observed. Treatment details and results will be presented.

SC-B5-07

BOTULINUM TOXIN IN THE TREATMENT OF HAND DYSTONIA

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One of the most challenging problems in the use of botulinum toxin A is the application of the toxin in the treatment of task-specific focal hand dystonias, often referred to us as occupational cramps. These hand dystonias (for example, writer's cramp) are usually very disabling and extremely resistant to pharmacological therapy. We injected 7 patients (21-40 yrs) and definite improvement (global rating 2 on a 0-4 scale) was achieved in 5 patients. Duration of the improvement lasted for an average of 10 weeks. However, these patients were truly satisfied since the injections enabled them to play their instruments, to write or, in one case, feed themselves. Contrary to the injections of spasmodic torticollis and blepharospasm, identification of the affected muscles in the hand dystonias by EMG was necessary for successful injections. The most common adverse effect was transient weakness, which was prominent in 2 patients.

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