Botulinum toxin type B in the treatment of refractory myofacial pain (abstract).


Intramuscular injections of botulinum toxin are a well-established method for treating focal dystonias and other conditions involving excessive muscle contraction. However, other mechanisms may be involved in its ability to provide pain relief.

Intradermal BoNT-B was given to 10 patients (6 female, 4 male) with cervicogenic migraines, based on diagnostic criteria of the International Headache Society. All had known structural cervical pathology. A total of 55 injections were performed in the 10 patients. Mean age was 39.2 years (range 20–56 years). Six of the 10 patients had a history of migraines and vertigo. Five patients reported a significant decrease in frequency of their migraine headaches (at least 75%), with reduction of headache severity and had a 60% decrease in spasm, although frequency of headache remained unchanged from baseline.

10 patients (6 female, 4 male) with cervicogenic migraines and spasm symptoms.

Five patients reported a significant decrease in frequency of their migraine headaches (at least 75%), with reduction of headache severity and had a 60% decrease in spasm, although frequency of headache remained unchanged from baseline.

To examine the efficacy of BoNT-B injected intradermally to treat the symptoms of cervicogenic migraines.

METHODS

Botulinum toxin type B (BoNT-B, MYOBLOC) is an antigenically distinct toxin approved for alleviating the pain and excessive muscle contractions associated with cervical dystonia (Mov Disord. 1999;53:1431–1438). In the present study, we report the preliminary open-label findings and are being undertaken.

RESULTS

One patient reported transient flu-like symptoms after injection of intradermal botulinum toxin type B. No other side effects were reported.

• All had known structural cervical pathology

• 10 patients (6 female, 4 male) with cervicogenic migraines, based on diagnostic criteria of the International Headache Society.

• 5 patients reported a significant decrease in frequency of their migraine headaches (at least 75%), with reduction of headache severity and had a 60% decrease in spasm, although frequency of headache remained unchanged from baseline.

Intradermal injections of botulinum toxin type B (MYOBLOC™) have been given intramuscularly for various clinical disorders, including headaches and muscle spasm. This study was undertaken to determine the potential benefit of BoNT-B (Argoff, 2002; Opida, 2002; Taqi et al, 2002) and Type A toxin (Binder et al, 2000; Göbel et al, 2001; Rollnik et al, 2000; Silberstein et al, 2000) injected intramuscularly for the treatment of chronic headaches.

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