Case Report

A 72 year old lady attended for elective administration of intravesical Botulinum A toxin (Botox 200iu) injections, as a day-case procedure, for the treatment of detrusor over activity. The procedure was undertaking without any complications. A few hours after the operation the patient developed severe constant generalized abdominal pain and distension. There were no other associated features. She underwent a computerized tomography (CT) scan of her abdomen and pelvis which was normal, followed by a Cystogram which was also normal. The only abnormal finding was that of an elevated CRP (380 mg/L). She was treated empirically by a Cystogram which was also normal. The disease Botulism can cause paralytic ileus [4]. It is therefore possible to hypothesise that ileus could be an adverse event caused by the therapeutic administration of Botulinum toxin A. Rajagpal et al. [5], conducted a retrospective cohort study in 2012 to assess the effectiveness of intravesical Botox for the treatment of detrusor overactivity. They found that out of the 25 cases included in the cohort study, one patient developed a side effect of bloatedness in the first post-operative week [5], suggesting a possible systemic gastrointestinal complication.

Botox has been demonstrated as an effective treatment for detrusor overactivity. Although local complications are well reported, the rare nature of systemic complications makes it difficult to quantify. Clinicians should be aware of potential systemic side effects including the involvement of the gastrointestinal system.

References