ABSTRACT BOOK ABSTRACTS



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SKIN CANCER (OTHER THAN MELANOMA)

A SINGLE-BLINDED RANDOMIZED CONTROL TRIAL OF EFFICACY OF ONABOTULINUM TOXIN-A INJECTION VERSUS ORAL NIFEDIPINE FOR PAIN MANAGEMENT IN CUTANEOUS LEIOMYOMAS.

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Introduction: Cutaneous leiomyomas (CL) are rare benign tumours arising from the arrector pili muscle of hair follicles and can be associated with severe paroxysmal pain due to disturbances in nerve conduction. Calcium channel blockers like nifedipine are considered first line medical management of painful CL but pain control is suboptimal at best.

Objective: The primary objective of this study was to compare the efficacy of intralesional botulinum toxin A (BT-A) with that of oral nifedipine in the management of pain in CL. Evaluation of the optimal dosage, frequency of re-injections and adverse effect of the toxin served as the secondary objectives.

Materials and Methods: Randomized, single-blinded, first line drug (nifedipine)-controlled study conducted from July 2014 to November 2017 at Gauhati Medical College, Guwahati, India among participants 18 years or older with CL pain at least once weekly and pain of at least 40 mm on visual analogue scale. Institutional ethical clearance was obtained. 31 patients who consented to participate were randomized to receive either intralesional/meso-injection of BT-A (2 to 3 cycles; mean dose: 156±41.33U; in a concentration of 5U/cm2) or oral nifedipine (mean dose: 48.13±2.99mg; range: 30mg-120mg) for 6 months.

Results: 28 patients completed the study with decreased pain scores on visual analogue scale scores (VAS) post 6 months intervention, wherein, VAS reduction was higher in the BT-A vs nifedipine arms (33.63 ± 12.50 for BTA and 53.22 ± 14.17 for nifedipine; p = 0.0083). A significant difference in Dermatology Life Quality Index (7.81 ± 3.66 for BTA and 11.02 ± 3.15 for nifedipine; p = 0.014) and in mean sleep interference score and clinical and patient Global rating (p<0.05) was noted in favour of BTA. Side effect profile of BTA consisted of injection site pain(n=3), heaviness post injection(n=2;dose>400U) and injection











phobia(n=1) as against dizziness(n=6), palpitation(n=6), nausea(n=3), tremors(n=2) for nifedipine.

Conclusion: Efficacy of BTA supersedes oral nifedipine in the treatment of painful CL.



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