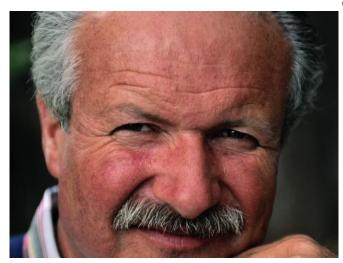


Treatment of buccinator with botox is safe, effective

28 September 2017



(HealthDay)—Treatment of the buccinator muscle with botulinum toxin is safe and effective, and three commercially available botulinum toxin neuromodulators are similar for treatment of facial synkinesis, according to two studies published online Sept. 28 in *JAMA Facial Plastic Surgery*.

Priyesh N. Patel, M.D., from Vanderbilt University Medical Center in Nashville, Tennessee, and colleagues conducted a prospective cohort study involving 23 patients who underwent treatment for facial synkinesis with botulinum toxin over multiple treatment cycles during a one-year period. The researchers found that these patients presented for 82 treatment visits, 53.6 percent of which involved buccinator injections. Compared with prebotulinum scores, all patients had improved posttreatment Synkinesis Assessment Questionnaire (SAQ) scores. Buccinator injections resulted in lower total postinjection SAQ scores and greater differences in prebotox and postbotox injection outcomes compared with treatment cycles in which the buccinator was not addressed, although the

differences were not significant.

In a randomized trial, Andrew J. Thomas, M.D., from the University of Utah School of Medicine in Salt Lake City, and colleagues examined the effectiveness of onabotulinumtoxinA, abobotulinumtoxinA, or incobotulinumtoxinA injected into synkinetic areas of the face in 28 patients receiving 38 treatments. The researchers found that the mean SAQ score improvement was 41, 42, and 17 percent for the onabotulinumtoxinA, abobotulinumtoxinA, and incobotulinumtoxinA groups, respectively, at four weeks. At one and two weeks after treatment, there were no significant differences in the SAQ score improvements among the three groups.

"AbobotulinumtoxinA had similar efficacy to onabotulinumtoxinA and incobotulinumtoxinA for the management of facial synkinesis up to 4 weeks after treatment," Thomas and colleagues write.

More information: Abstract/Full Text (subscription or payment may be required)—Patel Abstract/Full Text—Thomas

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