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ACCEPTED MANUSCRIPT

Treatment of Oromandibular Dystonia using Botulinum Toxin Injections – Case Series and Illustrative Muscle Targeting

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Highlights

- Oromandibular dystonia (OMD) is a severely disabling disorder with limited available therapies.
- We advocate the use of botulinum neurotoxin injection (BoNT) injection as an effective treatment for OMD.
- Muscle targeting through proper clinical examination and identification of dystonic muscles should always be done. Use of instrument-guided techniques can optimize toxin delivery during injections and perhaps further improve outcome.
- This study shows illustrations and clinical cases where BoNT injection was used to treat OMD to augment clarity of information being conveyed.

Abstract

Oromandibular dystonia (OMD) is a severely disabling disorder with limited available therapies. Current oral medications for OMD are ineffective and may pose further risks of aspiration particularly in combination states of jaw and tongue dystonia. We advocate the use of Botulinum neurotoxin (BoNT) injection with proper muscle site selection and dosing as the most effective treatment in OMD clinically. Targeting muscle for injection should involve not only an astute clinical examination and understanding the patient's history, but perhaps also guided by instrumentation. Based on our previous and present case series, we present specific localization techniques for BoNT in OMD patients subsequent to methodical patient selection, proper BoNT reconstitution and conversion. We believe adequate knowledge and appropriate technique will give our patients greatest benefit and will minimize risk of adverse events following treatment.

Keywords: *oromandibular dystonia; botulinum toxin; muscle selection*

INTRODUCTION

Oromandibular dystonia (OMD) is one of the less studied forms of adult-onset focal dystonias. Its symptoms involve prolonged and repeated involuntary contraction of the facial, masticatory, lingual, pharyngeal and lip muscles. These contractions cause distortion of the face, impairment of orofacial function, difficulty in chewing, swallowing, breathing and communication. [1–3]. Studies show that patients with OMD commonly complain of dysphagia (43%), impaired salivation (43%), marked dental attrition, reduced control of jaw movements, headache and facial pains [2]. OMD's incidence is at 3.3 per 1,000,000 person-years and its prevalence is at 68.9 per 1,000,000 persons with mean age of onset at 66 (40-86) [2,4]. Females were found to be twice more likely affected than males [5,6], and in one study female predominance was at 72% vs. 28% in males [7].

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