**Introduction**

Oesophageal dysmotility represents a treatment challenge, with many patients refractory to medical management. There is a lack of evidence for the treatment of oesophageal dysmotility, with only a handful of studies into the use of Botulinum Toxin (Botox) injections, the largest being of 29 patients in 2002. Out retrospective, multi-centre study assessed the efficacy of Botox injections for oesophageal dysmotility in the South West of England.

**Methods**

The pharmacy databases in three hospitals were interrogated for Botox released to the gastroenterology departments, between January 2009 and December 2013. Then electronic endoscopy databases were utilised to identify those patients treated for oesophageal dysmotility. Patients with achalasia were excluded. Clinical notes were reviewed looking at prior investigations, treatments and presenting symptoms. The numbers of treatments, symptom improvement, duration of response and morbidity or mortality associated with treatment were also assessed.

**Results**

Forty-three patients with oesophageal dysmotility were treated with Botox (mean age 69 years, range 23–93), with a mean of 2.8 treatments per patient (range 1–19). The main presenting symptom was dysphagia (n = 38), either alone or with chest pain, vomiting, reflux or regurgitation. All patients had failed at least one pharmacological treatment, with 11 patients having tried over three different treatments, prior to Botox.

A good treatment response was reported by 56% (n = 24) of patients with their first injection. There was a variable duration of response, from three months to five years, with an average response of 12 months. In 25% (n = 6) of patients with a good initial response, further treatments were not as effective. There were a variety of injection techniques used, by different endoscopists, with no obvious difference in success rates between the techniques. There were no immediate post-procedure complications. Four patients died within 30 days of Botox injection, all of whom were on an end of life pathway.

**Conclusion**

Botox can be a useful treatment in oesophageal dysmotility; however, careful patient selection is important. Further research is needed into the most effective injection technique and whether there are any patient predictors of response.

**REFERENCE**


Disclosure of Interest None Declared.

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