Single Injection May Quell Chronic Plantar Fasciitis

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VIENNA — Botulinum toxin A injection shows promise as a novel therapeutic option for chronic plantar fasciitis patients unresponsive to conventional treatments, Dr. Richard Placzek reported at the annual European Congress of Rheumatology.

A single 200-unit injection into the painful region at the origin of the plantar fascia brought year-long marked pain re-

lief in nine such patients treated in openlabel fashion. Based upon these highly encouraging results, a randomized, doubleblind, and placebo-controlled clinical trial is now planned, according to Dr. Placzek of Charité Hospital, Berlin.

Most patients with chronic plantar fasciitis respond to physical therapy, corticosteroid injections, orthotics, acupuncture, and/or high-energy ultrasound extracorporeal shock wave therapy. But not all do. Dr. Placzek and his coworkers decided to

try botulinum toxin A because of published reports citing its general analgesic effect and inhibition of inflammatory pain.

The nine patients selected for botulinum toxin A injection averaged age 55 years, with a 14-month history of plantar fasciitis refractory to all standard measures. Follow-up evaluations were conducted 2 weeks postinjection and every 1-3 months thereafter up to 52 weeks.

At baseline, patients rated their mean pain at rest during the past 48 hours as

greater than 4 on a 0-10 visual analog scale. At week 2 this score was halved. At week 6 it was quartered. The same pattern of improvement was noted for maximum pain during the previous 48 hours.

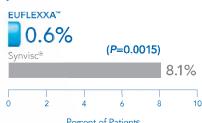
No muscle weakness or other adverse events were observed, he noted at the meeting sponsored by the European League Against Rheumatism. Patients indicated they were satisfied with the pain relief they obtained and were pleased to achieve it with a single injection.

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Patients centrally randomized to receive EUFLEXXA $^{\rm sc}$ (n=160) or Synvisc $^{\rm sc}$ (n=161) in three 2 mL intra-articular injections administered weekly. Patients screened at baseline and at 1, 2, 3, 6, and 12 weeks.

Primary end point: mean change in visual analog scale (VAS: 0-100 mm) score on the WOMAC Index pain subscale Secondary end points: full WOMAC Index, patient global assessment, consumption of simple analgesics.

*Derived through cellular fermentation.

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