Dear Editor:

Firstly we would like to thank Pendolino and colleagues for their kind assessment of our work.\(^1\) Even though we described no serious adverse effects in our study, adverse effects in the use of botulinum neurotoxin (BoNT) have been observed and are subsequently well described in the literature.\(^2\)–\(^4\)

Nonetheless, we would expect considerably less serious side effects when it comes to intraparotid injections compared to facial injections for aesthetic purposes because BoNT only acts on axon terminals and therefore only on muscles where the axon terminals are located and not the nerves. In the parotid area, there are significantly fewer structures that may be targeted by BoNT.

Still, the case reported by the colleagues highlights very well that intraparotid injections of BoNT may have considerable side effects. Velopharyngeal insufficiency may lead to aspiration and can potentially severely affect the patient’s quality of life. Hence, we very much agree with the authors’ statement that doses lower than 80 IUs should be used - as we pointed out in our original manuscript. In addition to this, we have found reports that the formulation of BoNT used in Dysport (Abobotulinumtoxin) is suspected to show greater diffusion tendencies compared to other formulations.\(^5\) Fittingly, side effects of Dysport have been reported to appear after comparably small doses and volumes of injection.\(^6\) Hence, we would recommend consideration of the use of formulations other than Dysport when it comes to injections of large quantities or injections that directed at for the very medial part of the parotid gland.

Finally, we would like to thank Pendolino and colleagues again for their contribution because we feel it highlights the limits of BoNT therapy in salivary fistulas and adds valuable aid in clinical decision making.

Mattis Bertlich, MD BSc
Mark Jakob, MD PhD
Department of Otorhinolaryngology, Head and Neck Surgery
University Hospital Munich, Munich, Federal Republic of Germany

Thorsten Send, MD
Klaus Eichhorn, MD PhD
Friedrich Bootz, MD PhD
Department of Otorhinolaryngology, Head and Neck Surgery
University Hospital Bonn, Bonn, Federal Republic of Germany

BIBLIOGRAPHY


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