Reply to: "Interdigital injection of botulinum toxin for patients with Raynaud phenomenon"

To the Editor: We read with great interest the paper "Interdigital injection of botulinum toxin for patients with Raynaud phenomenon" by Quintana-Castanedo et al.[1]

We agree with the fact that palmar injections are painful and may require sedation, local anesthesia, or other analgesic methods (inhalation of nitrous oxide/oxygen, EMLA cream [Actavis Pharma, Inc, Parsippany-Troy Hills, NJ,]). We use botulinum toxin A injections to treat Raynaud disease in patients with scleroderma with good results.[2] Our first protocol (for Raynaud disease) included injections into the palm (Fig 1).[2] We then changed to another protocol (Fig 2)[2] as we noticed intrinsic muscle paralysis in some patients; however, they all recovered after 6 months.

We are aware that neurovascular bundles are close to intrinsic muscles in the palm and that secondary claw-hand deformity or loss of strength, or both, can cause a serious functional disability. These adverse effects of botulinum toxin A injections are usually temporary, although permanent muscular damage has been described.[3] For these reasons, we would avoid injections of botulinum toxin A into the palm. However, interdigital injections may have the same adverse effects. Did the authors notice any intrinsic muscles paralysis with their protocol?

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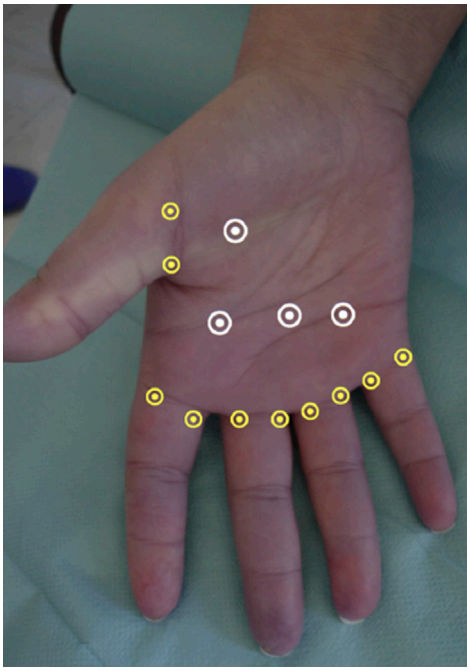

Fig 1. Our first protocol of injections of botulinum toxin A: 14 injections, with *yellow points* showing digital injections and *white points* showing palmar injections.[2]

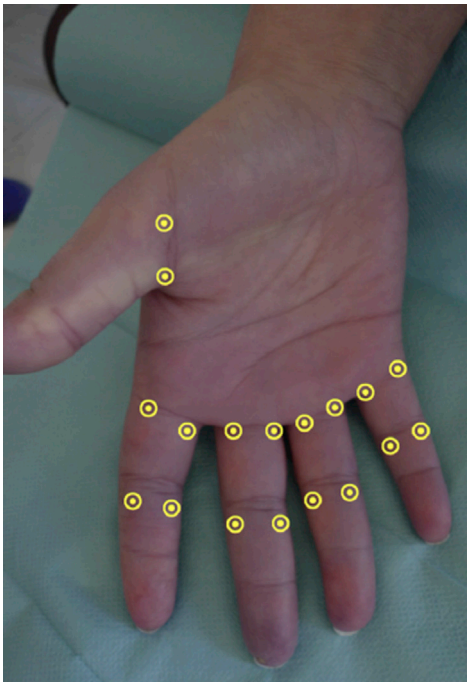

Fig 2. Our second protocol of injections of botulinum toxin A: 18 injections, with *yellow points* showing digital injections. No palmar injections were performed.[2]

REFERENCES

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