15TH EROC GLOBAL FORUM 2026

15 – 17 JANUARY 2026

INTERCONTINENTAL FESTIVAL CITY, DUBAI, UAE

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Botulinum toxin injection for laryngeal movement disorders: Tips and tricks

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LIÈGE université

CHU de Liège

Botulinum toxin

- Small action, Big impact
  - Positive
  - Negative
  - Mixed

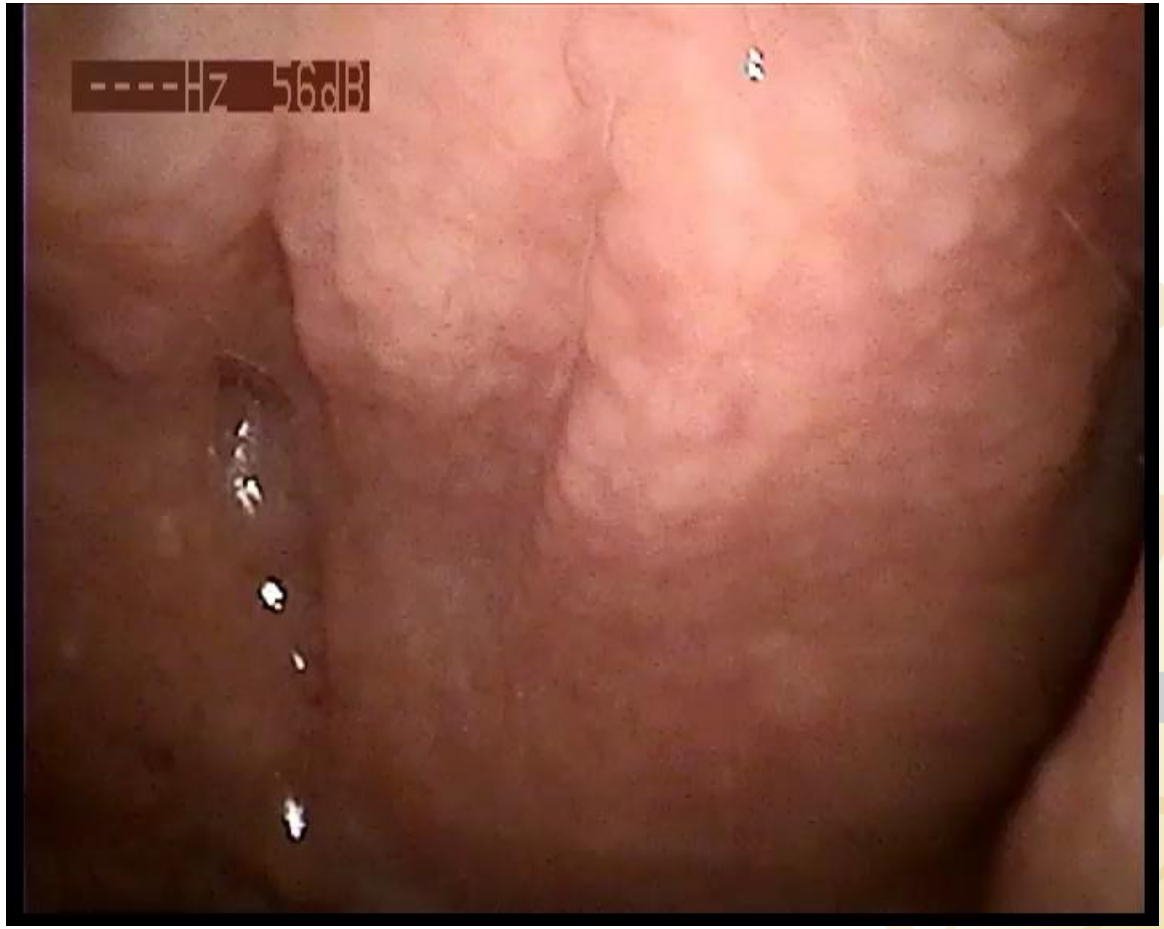
- Very useful treatment
  - Laryngeal dystonias
  - Vocal tremor
  - Vocal tic
  - EILO
  - Oro-mandibular dystonias
  - Sialorrhea
  - UES
  - …

Before toxine

6 weeks after toxine

Tips and Tricks n°1: choose the right target

- Very accurate analysis of the pathologic pattern
  - Beyond the TA-LCA complex
  - (PCA)
  - Other muscles
    - CT
    - Strap muscles
    - Oral floor muscles

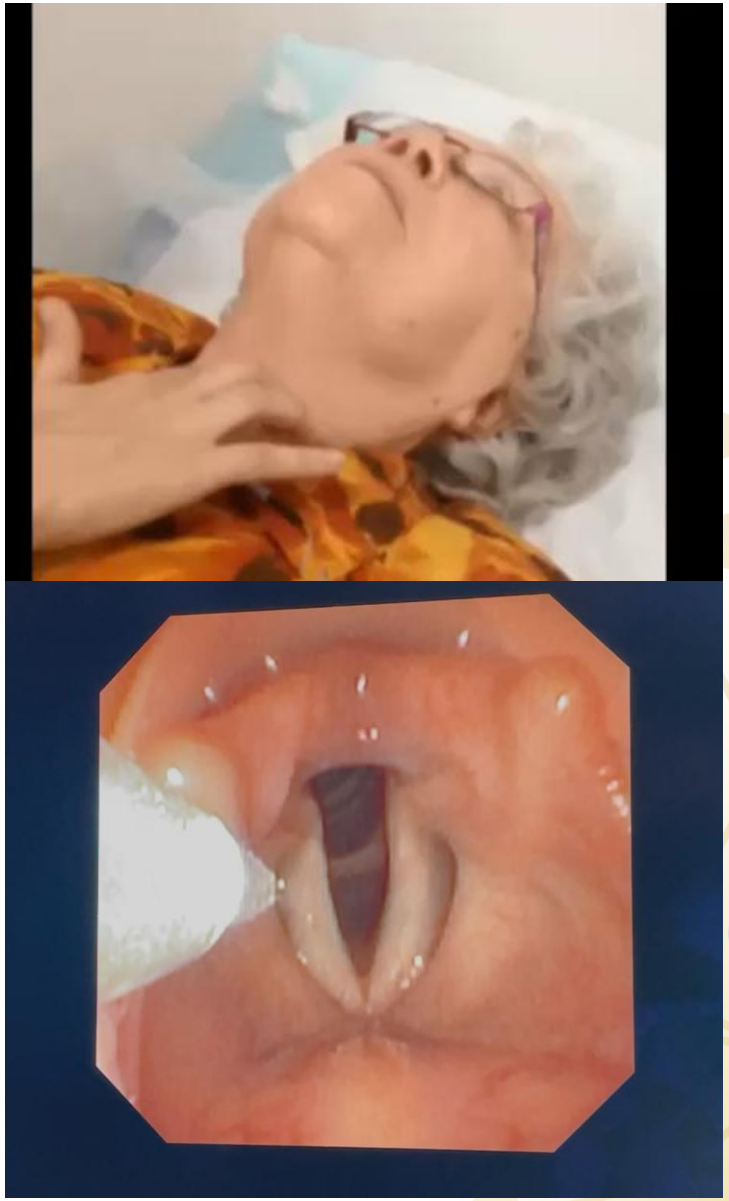


Tips and Tricks n°2: Choose the right approach

- For TA injection
  - Per-cutaneous, EMG-guided approach is the gold standard
  - Not always easy with cervical dystonia

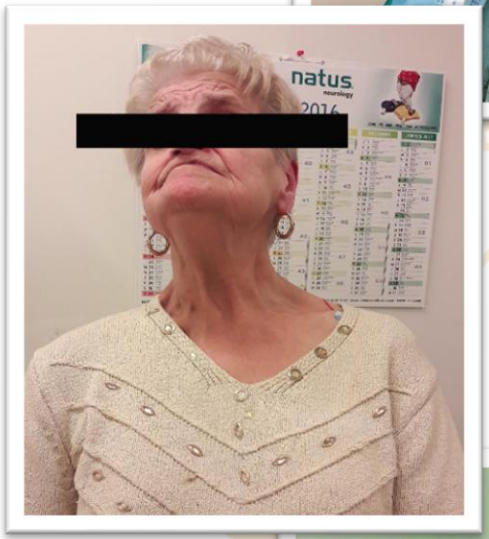
  - When there is a resistance of dysphonia
    - Consider increasing the doses
    - Consider changing the approach to flexible-endoscopic approach

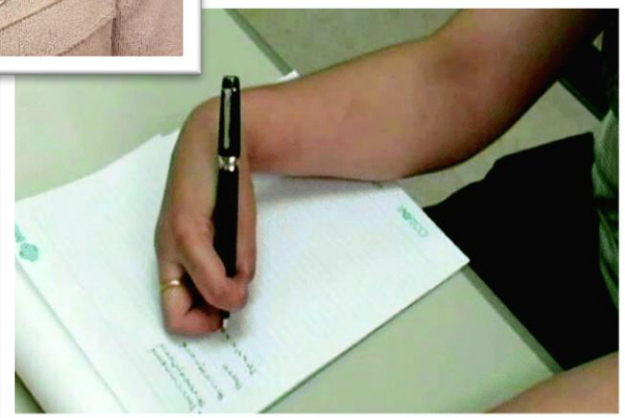
    - Reduce the dose in the vocal fold
    - Or inject in the vestibular fold (higher doses)



Tips and Tricks n°3: Neurological diseases

→Importance of collaboration with a neurologist





- Dystonia
  - Subtype of hyperkinetic abnormal movement
  - Abnormal movements and/or posture,
  - Caused by sustained or intermittent muscle contractions,
  - Often repetitive,
  - May be tremulous,
  - Often caused or aggravated by voluntary movements,
  - Often associated with widespread muscle activation (“overflow”).

- Focal, segmental, generalized

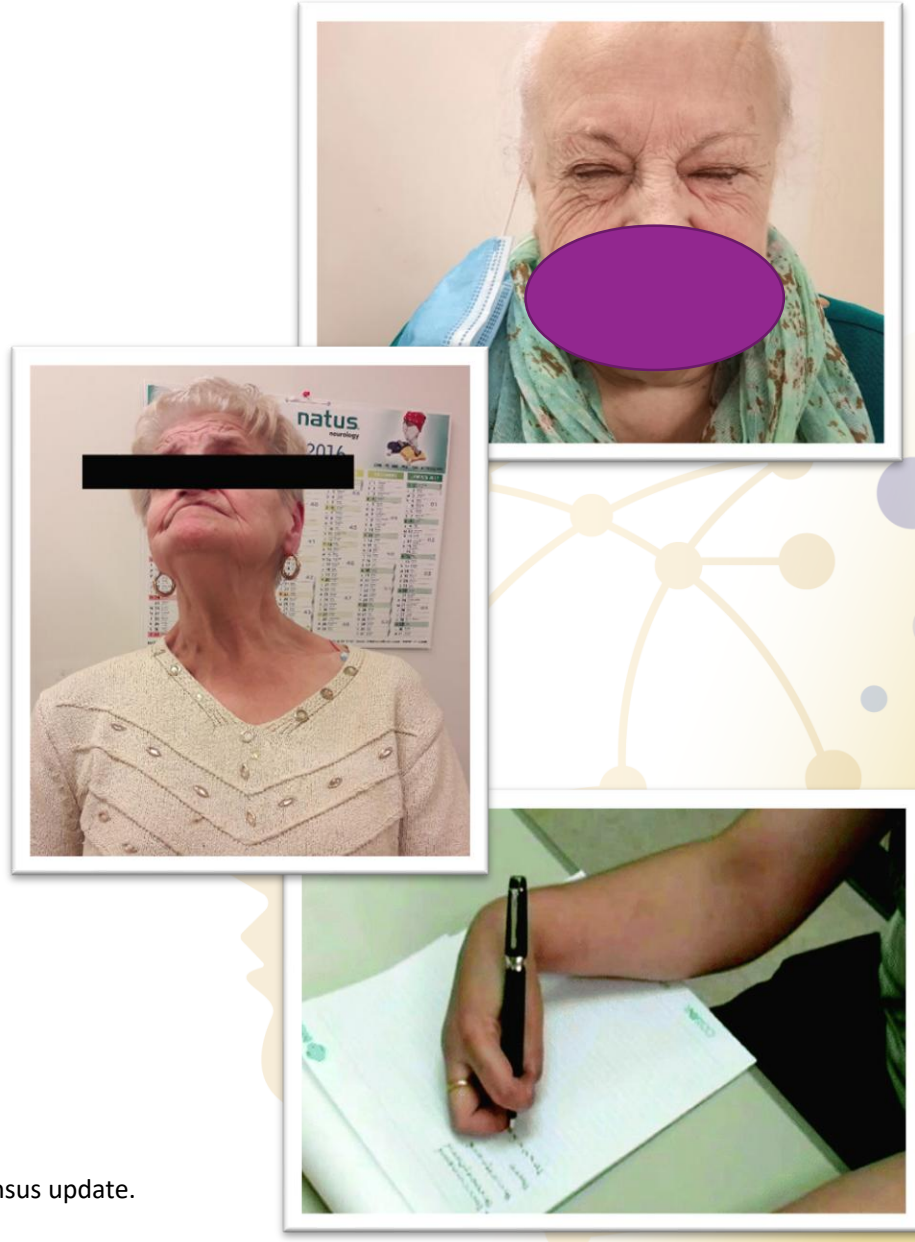
Albanese A, Bhatia K, Bressman SB, Delong MR, Fahn S, Fung VSC, et al. Phenomenology and classification of dystonia: A consensus update. Mov. Disord. 2013; 28: 863–873.

Tips and Tricks n°3: Neurological diseases

- Importance of collaboration with a neurologist

- Genetic etiology:
  - 10% in our cohort for focal dystonia
  - Up to 50% in generalized dystonia

- All sites should be injected at the same time
  - To prevent theoretical risk of immunization against toxine



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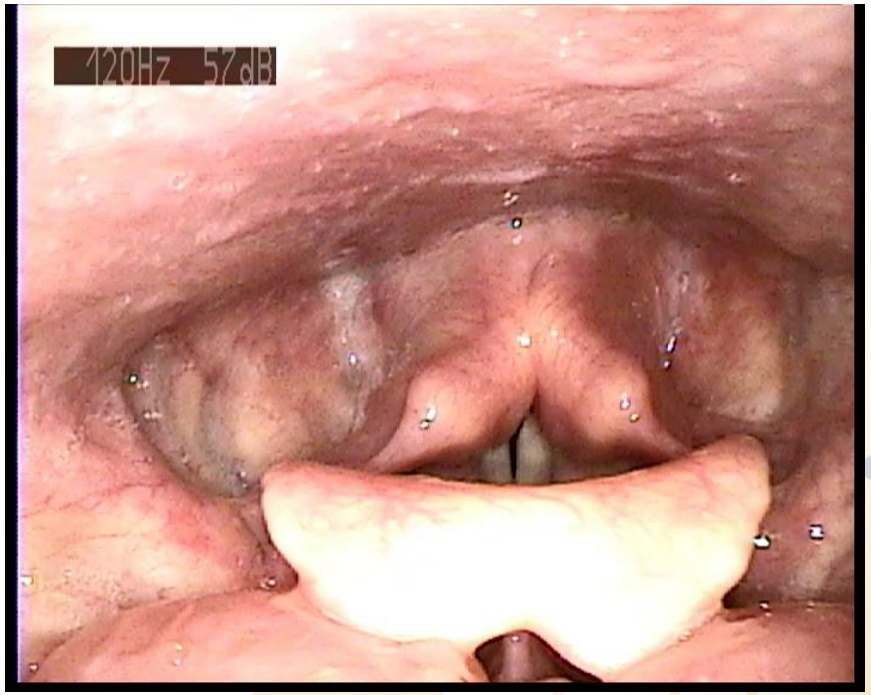
Tips and Tricks n°4: Dysphonia, but not dystonia…

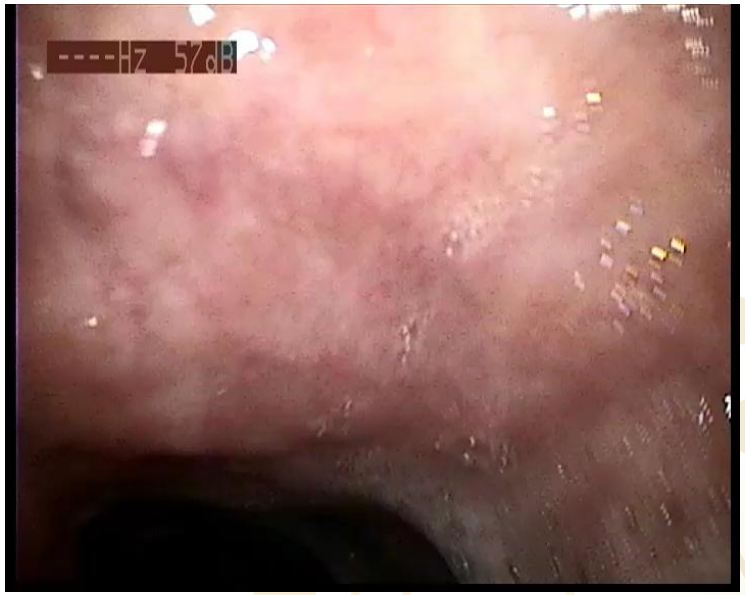
- Psychogenic dysphonia
  - Strained voice during speech but sustained vowel is better preserved
  - Paradoxical abduction at phonation onset

- Muscle tension dysphonia
  - Symptoms very similar to laryngeal dystonia-Add
  - Strained voice during speech and sustained vowel
  - No vocal tremor
  - EMG not very useful
    - Hyper-activity during voluntary tasks
  - Also respond to botulinum toxin



Tips and Tricks n°5: Dysphagia

- Botulinum toxin
  - Local effect
    - In the target:
      - Glottic insufficiency→Reduced airway protection
    - Around the target:
      - Pharyngeal muscles →Reduced bolus propulsion
      - Contralateral PCA→stridor
  - General effect
    - Dysphagia possible after injection anywhere



→Always screen for dysphagia before toxin injection

→Always inform the patient before PCA injections

Take home message

- Laryngeal movement disorders
  - May be difficult to diagnose
  - Are neurologic diseases
    - Deserve proper investigations
- Botulinum toxin is very efficient if well targeted
  - The treatment regimen shoud be accurately designed
  - To reach the best possible outcomes
  - To avoid defavourable side effects
- Screen for dysphagia +++