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## Letter To Editor

# Botulinum Toxin A for Female Non–Spinal Neurogenic Voiding Dysfunction: Clinical Efficacy and Predictive Urodynamic Parameters

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**Dear Editor,**

I read with great interest the recent article by Sheng-Fu Chen, "Clinical efficacy and urodynamic predictors of successful treatment outcomes following urethral sphincter Botulinum toxin A injection in women with non-spinal cord neurogenic voiding dysfunction," published in International Urology and Nephrology [1]. This analysis provides precious data to a sparsely explored area; however, several limitations warrant deeper consideration.

First, while the authors report outcomes at 3 months, the durability of the Botulinum toxin. The effects and the exposition of frequent injections remain overlooked. Related studies in idiopathic overactive bladder and platelet-rich plasma therapy for female stress urinary incontinence provide mid-term results but lack long-term (>12 months) or multi-cycle efficacy data [2,3]. Without having enough data, the resilience of observed benefits and optimal retreatment intervals remains uncertain

Second, the non-appearance of patient-centered outcomes (PROs), such as validated quality-of-life or symptom burden measures, limits understanding of whether urodynamic improvements translate into meaningful daily-life benefits. Prior work has incorporated PROs [4,5], but typically only over temporary windows and rarely across repeated injection cycles.

Third, etiquette transparency is limited: the study was not pre-enrolled, and no adherence to TRIPOD or STROBE guidelines is noted as key for replicability in predictive analytics.

Finally, the applicability of findings is uncertain, as the single-center, demographically narrow cohort may not reflect broader populations [4,5]. Addressing these gaps, durability, PRO integration, transparent reporting, and demographic applicability would strengthen the clinical evidence for Botulinum toxin A in female non-spinal neurogenic evacuation dysfunction.

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