

Dear Dr. X,

Insert brief summary of your symptoms/history here

I have attached some literature for your reference. I apologize for the large number of pages, but I thought it made the most sense to include the papers in their entirety for more context if you're interested. I have highlighted what I deem to be most applicable in pink and reference the most important pages in the following paragraphs. Page numbers can be found in the lower right-hand corner.

Paper 1 (page 4) describes an integrative model that may account for the constellation of symptoms I have been experiencing based on the authors' experience with similar patients. They posit that a "vicious circle" (page 8) may be created starting with tensor tympani muscle (TTM) damage/overload. They explain involvement of the trigeminal nerve, which can cause pain sensations to radiate to various areas of the head and neck. In a separate paper, I read that secondary causes of "red ear syndrome" include atypical trigeminal neuralgia. *NOTE: Remove previous sentence if you do not experience red ear syndrome.* Towards the end of paper 1, Botox is mentioned (page 15) as a way to "rest" the TTM and decrease aggravation of the trigeminal nerve.

Paper 2 (page 17) is lengthy, but the most interesting aspect is patient #10. He developed sound-induced pain after acoustic trauma. His symptom descriptions are similar to mine. *NOTE: Remove previous sentence if it is not true for you.* His response to sound generally began with ear discomfort followed by burning and often aural fullness. He also reported pain around the ear, "needle pain" in the ear, and neck pain. After trying various other treatments, he was essentially cured with Botox injected into the tensor veli palatini (page 29). This was done by Prof. Frederic Venail in Montpellier, France. He has used it on other patients successfully as well. See screenshot of the instructions he sent to an American otologist on next page. He is willing to be contacted by other otolaryngologists for further information.

I attached paper 3 (page 33) because it's an interesting case of a patient with middle ear myoclonus failing tensor tympani tenotomy but having success with Botox injected into the TVP.

I am very interested in trying this treatment and look forward to discussing it with you. Thank you again for your patience with this letter and my literature. I appreciate your help and expertise.

Sincerely,
Your Name

Photos:

If you get visible symptoms such as “red ear syndrome,” include photos here.

Instructions from Professor Venail:

He forwarded his recommended method as well as a video of the injection.

1. Inject 10-15 U of Xeomin or Botox, using nasal endoscopic approach, using 1 ml syringe and lumbar puncture needle (26 G) directly into the muscle body of the tensor/elevator tympani, few millimeters behind the inferior turbinate.
2. Observe a swelling of the muscle when injecting.
3. Effects start about 2-3 days after the injection

We discussed the risks/potential side effects of a Botox injection in the palate of velopharyngeal insufficiency: nasal reflux, and hypernasal speech.