

Compensatory sweating after thoracoscopic sympathectomy deserves more attention.

李友專

Li YC;Liu L;Yang TF;Chiu WT

Abstract

Dumont and colleagues [1] raise the issue again of compensatory sweating (CH) after thoracoscopic sympathectomy for hyperhidrosis, but leave unanswered the basic question of whether the specific level of sympathectomy influences the frequency and severity of CH. Are there different rates and severities of CH between sympathectomies at T2 alone, T3 alone, T2-3 combined, T2-4 combined, or T3-4 combined? No study has definitively shown a difference, and it is likely that the incidence of CH at the various levels approximate one another. Perhaps far more important with regard to extent and patient acceptance of CH is appropriate patient selection for the procedure. The patient's preoperative and postoperative perceptions of the sweating disorder are critical in patient satisfaction and postoperative complaints. Someone with massive severe palmar sweating who had surgery that cured his hands but causes severe back wetness will nonetheless be extraordinarily happy with the surgery. Conversely, someone who has less severe palmar sweating who had the same amount of postoperative back wetness develop might be very disappointed. The level and intensity of the preoperative problem will determine what the patient is willing to endure to achieve a cure for the original problem. In our experience, the ideal patients for thoracoscopic sympathectomy have the following four characteristics: (1) profound level of hand sweating, to the point of dripping or near dripping; (2) near equal level of plantar to palmar hyperhidrosis, with or without severe axillary hyperhidrosis; (3) spectacular exacerbation of palmar hyperhidrosis with application of ordinary hand lotion; and (4) bimodal time of onset of the disorder, either in early infancy or puberty. Although patients without all four of these characteristics have received gratifying surgical success, it can be said with confidence that it is almost unheard of for the patients who do have these four hallmarks and who have undergone curative thoracoscopic sympathectomy to have regrets after the operation, regardless of the presence or absence of severe CH. It can be further stated with confidence that thoracoscopic sympathectomy is the treatment of choice in these patients, and there is not a nonoperative treatment (including aluminum chloride, iontophoresis, anticholinergics, and botulinum toxin injection) that will have any significant

long-term curative benefit whatsoever [2, 3]. A family history of the disorder is a strong corroborator as well, and was found in at least half of the patients in our series [2]. Although surgical sympathectomy at various levels, usually between T2 to T3, is curative for palmar hyperhidrosis, the critical importance of proper patient selection in achieving a true surgical success cannot be overestimated.