Compensatory Hyperhidrosis After Thoracoscopic Sympathectomy

Dumont et al(1) again raise the issue 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 acceptance of CH is appropriate patient selection for the procedure. The patient's pre-and postoperative complaints. Someone with massive severe palmar sweating who has surgery which cures his hands but causes severe back wetness will nonetheless be extraordinarily happy with the surgery. Conversely, someone who has less severe palmar sweating who develops the same amount of postoperative back wetness may be very disappointed. The level and intensity of the preoperative problem will determine what the patient is willing to endure to achieve cure of the original problem.

(PRWEB) March 12, 2005 -- 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; (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 in patients who do have these four hallmarks, it would be extremely rare to undergo curative thoracoscopic sympathectomy and 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 that no nonoperative treatment (including aluminum chloride, iontophoresis, anticholinergics, and BotulinumÂ® toxin injection), will have any significant long-term curative benefits 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).

While 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.

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