CORRESPONDENCE

Hyperhidrosis—Causes and Treatment of Enhanced Sweating

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Surgical Treatment of Focal Hyperhidrosis

The authors explain the risk of compensatory hyperhidrosis after endoscopic transthoracic sympathectomy (ETS) for palmar hyperhidrosis. Recent studies have shown that the rate and severity of compensatory hyperhidrosis seems to decrease notably if the ETS is performed from ganglion T3 and T2 is spared (1).

Unfortunately, the authors do not differentiate between individual techniques in the section on local surgical techniques for axillary hyperhidrosis. Curettage and liposuction are mentioned, but the techniques that are accompanied by resection of axillary skin remain unmentioned (Shelley technique, Salfeld technique). Even though skin sparing techniques have been favored in recent years, there is no comparative study to date which shows a higher efficacy for a particular method. The authors explain that the aim of a technique without skin resection is "complete—as far as possible—removal of the axillary sweat glands" and cite a 1987 article by Bisbal et al in support. The Bisbal technique, however, is characterized by an S shaped removal of large parts of the axillary skin and has nothing in common with the named minimally invasive techniques. By contrast, a recent study has shown that 79.1% of all axillary sweat glands were removed when an aggressive method was used but no skin was resected (2). In conclusion, we wish to comment on the terminology used for the surgical techniques. Axillary liposuction is practically not used any more nowadays because the use of blunt cannulas has not been shown to be sufficiently effective (3). The term used should be that of liposuction curettage or sweat gland suction curettage, which clarifies that in addition to liposuction, a sharp ablation of the sweat glands is required with special sharp cannulas or, in a second operative step, by using a curette.

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In Reply:

We thank the correspondents for their detailed comments and valuable additions. We have found contradictory citations for the first paragraph. Some studies—for example that by Leséche et al (1)—investigated endoscopic transthoracic sympathectomy (ETS) at different levels (from T1 to T5) and to different extents (2, 3, or more ganglia) and found no difference in the rates of compensatory hyperhidrosis. Recent studies have indeed shown that after ETS below T3 the rate of compensatory hyperhidrosis is reduced (2). Neurophysiologically, the reduced compensatory hyperhidrosis can be explained only with the fact that the sweat elimination below T3 is not as complete after ETS as at the level as T3 or above. More detailed studies are needed to clarify the advantages and disadvantages of ETS below T3. For reasons of space, we did not discuss the local surgical procedures in any detail; however, as for the newer techniques that are less aggressive, the success rate depends on the fact that the sweat glands are removed as completely as possible. Since the radical removal of axillary skin is recommended by the German society for dermatosurgery for individual cases only owing to the substantial side effects, we did not mention this in any detail in our article (3). However, we understood liposuction as an overriding term since the technique can be performed with or without curettage. DOI: 10.3238/arztebl.2009.0448b

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Conflict of interest statement

The authors of both the letter and of the reply declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.