

PALMAR HYPERHIDROSIS - WHICH IS THE BEST LEVEL OF DENERVATION USING VIDEO-ASSISTED THORACOSCOPIC SYMPATHECTOMY: T2 OR T3 GANGLION? Guilherme Yazbek, Nelson Wolosker, José Ribas Milanez de Campos, Paulo Kauffman, Augusto Ishy, Pedro Puech-Leão. **JOURNAL OF VASCULAR SURGERY** 2005;42(2):281-285.

Abstract

PURPOSE:

This study compares early results of video-assisted thoracoscopic sympathectomy (VTS) at the thoracic T2 versus T3 ganglion denervation levels for the treatment of palmar hyperhidrosis (PH).

METHODS:

Sixty patients with PH were prospectively randomized for VTS at the thoracic T2 or T3 ganglion denervation levels. The patients underwent postoperative evaluation on three occasions: before surgery, and 1 and 6 months after the operation. Endpoints included the absence of PH, the presence, location, and severity of compensatory hyperhidrosis (CH), and a quality-of-life assessment.

RESULTS:

Fifty-nine of 60 patients reported complete resolution of PH after surgery. One failure occurred in the T3 group. CH was observed in 26 patients (86.66%) in the T2 group and in 27 patients (90%) in the T3 group at 1 month. At 6 months, 30 of 30 patients in the T2 group and 29 of 30 in the T3 group experienced CH, although in the T3 group, CH was less severe at both 1 and 6 months ($P < .05$). Quality of life was very poor in both groups before surgery. One month after operation, quality of life was improved similarly in both groups. This improvement was maintained at 6 months in both groups.

CONCLUSION:

PH is well treated by VTS at either the T2 or T3 levels. Denervation at the T3 level appears associated with less severe CH in the early postoperative period. Quality of life improved significantly in both groups.