
**Abstract**

Background: Different techniques of video-assisted thoracic sympathectomy have been suggested to control the symptoms of axillary hyperhidrosis. We compared the results using two different levels of ganglion resection for treating axillary hyperhidrosis: T3/T4 vs. T4.

Materials and Methods: From a group of 1119 patients operated on between July 2000 and January 2005, 276 patients with axillary hyperhidrosis were studied. The mean age was 26 (range, 13–54 years) and 61.6% were female. Of these patients, 216 (78.3%) were treated with thermal ablation of T3/T4 and 60 (21.7%) with thermal ablation of T4 alone. The procedures were bilateral and simultaneous, using two 5.5-mm trocars and 30-degree optical systems, under general anesthesia in all cases.

Results: There was no mortality and no important postoperative complications or need to convert to thoracotomy in either group. The mean follow-up in the T4 group was 11 months (range, 2–23 months) and in the T3/T4 group mean follow-up was 24 months (range, 13–54 months). The immediate therapeutic success rate was 100% in both groups. There were recurrences in 7 (2.5%) patients, all from the T3/T4 group. The satisfaction rate was higher and more stable in the T4 group and compensatory sweating was lower in the T4 group.

Conclusion: Both techniques proved effective for controlling the axillary symptoms. Group T4 presented a higher satisfaction rate, lower recurrence rate, and lower severity of compensatory sweating.