

AXILLARY HYPERHIDROSIS: T3/T4 VERSUS T4 THORACIC SYMPATHECTOMY IN A SERIES OF 276 CASES. José Ribas Milanez de Campos, Paulo Kauffman, Nelson Wolosker, Marco Antonio Munia, Eduardo de Campos Werebe, Laert Oliveira Andrade Filho, Sergio Kuzniec, Fábio Biscegli Jatene, Mark Krasna. **Journal of Laparoendoscopic & Advanced Surgical Techniques.** December 2006, 16(6): 598-603.

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.