

**A RANDOMIZED TRIAL OF T3-T4 VERSUS T4 SYMPATHECTOMY FOR ISOLATED AXILLARY HYPERHIDROSIS.** Marco Antonio S. Munia, Nelson Wolosker, Paulo Kauffman, Jose Ribas de Campos, Pedro Puech-Leão. **Journal of Vascular Surgery** 2007;45(1):130-133.

**Abstract:**

**Introduction:** Video-assisted thoracic sympathectomy (VATS) is one minimally invasive definitive treatment for axillary hyperhidrosis. Different techniques exist for controlling axillary sudoresis, but they are temporary and have high cost. This study was conducted to compare the initial results from sympathectomy using two distinct levels for treating axillary sudoresis: T3-T4 vs T4.

**Methods:** Sixty-two patients with axillary hyperhidrosis were prospectively randomized for denervation of T3-T4 or T4 alone. All patients were examined preoperatively and were followed-up at 1 and 6 months postoperatively. Evaluated were the axillary hyperhidrosis treatment, the presence, location, and severity of compensatory hyperhidrosis, and the quality of life. **Results:** All the patients said that their axillary hyperhidrosis was successfully treated by the surgery after 6 months. There was no treatment failure. Compensatory hyperhidrosis was present in 29 patients (90.6%) of the T3-T4 group and in 17 T4 patients (56.7%) after 1 month. After 6 months, all the T3-T4 patients presented some degree of compensatory hyperhidrosis vs 13 T4 patients (43.3%). The severity of the compensatory hyperhidrosis was also lower in the T4 patients ( $P < .01$ ). The quality of life was poor in both groups before the surgery, and was equally improved in both groups after 1 and 6 months of follow-up. There were no deaths or significant postoperative complications nor a need for conversion to thoracotomy.

**Conclusion:** Both techniques are effective for treating axillary hyperhidrosis, but the T4 group presented milder compensatory hyperhidrosis and had a greater satisfaction rate.