

TECHNICAL DIFFICULTIES AND COMPLICATIONS OF SYMPATHECTOMY IN THE TREATMENT OF HYPERHIDROSIS: AN ANALYSIS OF 1731 CASES.

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ABSTRACT

Background: The aim of this study was to ascertain the technical difficulties and complications of video-assisted thoracic sympathectomy (VTAS) in the treatment of hyperhidrosis in a large group of patients.

Methods: Between October 1995 and February 2008, 1731 patients with palmar, axillary, or craniofacial hyperhidrosis, who were treated using bilateral VTAS, were studied. We assessed the technical difficulties, early and late complications, and the approaches that were used to resolve them.

Results: Therapeutic success was achieved in 91% of the cases as evidenced by anhidrosis. The most common and severe technical difficulty during the procedure was pleural adhesions in 116 cases (6.7%); azygos lobes were seen in 7 patients (0.4%) and apical blebs in 3 patients (0.2%). The most frequent postoperative immediate complication was postoperative pain in 1685 (97.4%) patients; pneumothorax with chest drainage was seen in 60 cases (3.5%), neurologic disorders involving the upper limbs in 36 cases (2.1%), Horner's syndrome in 11 cases (0.9%), significant bleeding in 8 cases (0.4%), and 1 patient had extensive subcutaneous emphysema. The most frequent late complication was compensatory hyperhidrosis, which occurred in 1531 cases (88.4%). Although 27.2% of the patients reported severe compensatory hyperhidrosis, only 2.5% expressed regret for undergoing surgery. Gustatory sweating occurred in 334 patients (19.3%). No deaths occurred in this series.

Conclusions: VTAS is safe and has shown good results. The major complication is compensatory hyperhidrosis and, when severe, the patient may express regret for undergoing surgery. Improvements in instrumentation, adequate training, and careful patient selection may help to reduce the number of drawbacks associated with VTAS.