Looking for a standardized approach in the surgical treatment of hyperhidrosis

Dania Nachira¹ · Marco Chiappetta¹ · Maria Giovanna Mastromarino¹ ·
Maria Teresa Congedo¹ · Maria Letizia Vita¹ · Venanzio Porziella¹ ·
Elisa Meacci¹ · Stefano Margaritora¹ · Pierluigi Granone¹

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We read with great interest the article by Hida et al. [1] reporting on comparison between postoperative effects of sympathectomy by cutting or clamping at T3 on palmar sweating, compensatory sweating, and also on patient satisfaction.

Large series have shown a high success rate after endoscopic thoracic sympathectomy (ETS) [2, 3], with improvement in quality of life of patients, but all these results are hardly comparable due to heterogeneous patient populations, different surgical procedures, and more importantly, the variety of qualitative/quantitative scales for definition of symptoms, results and side effects such as compensatory hyperhidrosis.

Accordingly, we wish to submit our reflections to the attention of the authors and the community to state the importance of using standardized preoperative and postoperative questionnaires to objectify the improvements of these patients.

In the study by Hida et al. [1], the authors proposed the use of two different scales to grade postoperative palmar sweating and patients' satisfaction.

However, recently, the Society of Thoracic Surgeons through Cerfolio and co-workers [4] recommended the use of standardized questionnaires and proposed an example of a data collection sheet that was formulated by De Campos and associates [5]. In the expert consensus, it had also been established that the ETS is the treatment of choice for patients with hyperhidrosis, and that the interruption of the sympathetic chain can be achieved by cauterizing, cutting, or

clipping but the use of a rib-oriented nomenclature is required because of anatomical variations in the position of ganglia.

In our practice, we are successfully using a version of De Campos' questionnaire partially implemented by us that is administered to patients preoperatively, postoperatively, and at 1 month, 6 months, and 1 year after surgery, as recommended by the expert consensus [4].

However, long-term follow-up studies providing repeated and standardized questionnaires are needed for systematic assessments of patients' symptoms and quality of life, before and after surgery, to help us develop a common evidence-based clinical practice.

Compliance with ethical standards

Conflict of interest The authors declared that they have no competing interest.

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✉ Dania Nachira
danynac@libero.it

¹ Department of General Thoracic Surgery, Catholic University, Rome, Italy