

## SIX4: QUALITY OF LIFE AFTER THORACOSCOPIC SYMPATHECTOMY FOR PALMAR PRIMARY HYPERHIDROSIS

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**Background** Palmar primary hyperhidrosis (PPH) is characterized by chronic excessive sweating without an identified cause and inflicts significant impact on quality of life. In this study we aim to evaluate the outcome of thoracoscopic sympathectomy by assessing the impact in the quality of life, the degree of patients' satisfaction and the presence of complications, namely compensatory hyperhidrosis (CH).

**Materials and methods** Patients submitted to thoracoscopic sympathectomy between 2013 and 2017 were included. Clinical charts were reviewed for demographic and clinical details. Patients' satisfaction and quality of life were evaluated by interview including a Quality of Life (QOL) questionnaire graded from 1 (best) to 100 (worst).

**Results** During the period of 4 years, 24 patients (17 females, 70.8%) were included and a total of 25 thoracoscopic bilateral T3-T4 sympathectomies were performed. All patients presented with bilateral palmar hyperhidrosis and the median age at surgery was 13 years (7-17). Except for one case of postoperative bradycardia and one case of transient hypotension, no other immediate complication was observed. Nineteen patients enrolled the interview and completed a multifunctional questionnaire on pre and postoperative QOL. The mean preoperative QOL score was 80.5/100, whereas postoperatively was 28.5/100. Only 2 (10.5%) patients had tried previous medical treatment (topical or oral medication). Nine patients (47.4%) reported compensatory sweating (mostly involving the dorsum or abdomen). All patients were satisfied with the operative results and no patient regretted having been operated on.

**Conclusions** Thoracoscopic bilateral T3-T4 sympathectomy is safe and effective for the treatment of palmar hyperhidrosis. Although near half of the patients developed CH, all patients were satisfied and a positive impact in the quality of life was observed.

**Key words** palmar hyperhidrosis, thoracoscopic bilateral sympathectomy