Sympathicotomy for palmar hyperhidrosis: The association between the intro-operative hand temperature change and the curative effect
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Sympathicotomy for palmar hyperhidrosis is safe and effective. T4 sympathicotomy was widely accepted for its least side effect of compensatory hyperhidrosis. But some patients resulted in mild moist hand after operation and some were unsatisfied. Some authors use intro-operative hand temperature change to guide procedure selection. This study aimed to investigate the association between intro-operative hand temperature change and the curative effect and to answer whether the above-mentioned guide is reasonable. From July 2011 to April 2012, 49 patients with palmar hyperhidrosis were treated with bilateral endoscopic sympathicotomy. The ipsilateral hand temperature of the patient was monitored and recorded before and 3min, 5min, 7min, 10min, 15min, 20min after the sympathetic trunk was transected. The maximum temperature elevation (Tmax) was used as the evaluation index. 49 patients had 98 sympathicotomies successfully with no mortality or morbidity. There were seventy-seven T4 sympathicotomies, fifteen T4+T5 sympathicotomies, and six T3 sympathicotomies. Tmax≤1°C in 49 hands (50.0%), 1∼1.5°C in 17 hands (17.3%), >1.5°C in 32 hands (32.7%). 46 patients were followed up, and 3 patients were lost. The curative effect was satisfied in 86 hands (93.4%), and not satisfied in 6 hands (6.6%). In the 71 hands which received T4 sympathicotomy, the curative effect was satisfied in 67 hands (94.3%), and not satisfied in 4 hands (5.7%). In those unsatisfied hands, the Tmax were all less than 1°C. But in those hands with Tmax≤1°C, 32 out of 36 (88.9%) were satisfied. We conclude that intro-operative temperature change of the hand may have certain correlation with the curative effect. But the predictive value of temperature change for curative effect is insufficient. It is not reasonable to use it to guide procedure selection.

Biography
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