

# COMBINED BILATERAL ETS AND ELS IN ONE SINGLE SESSION IN PATIENTS WITH SEVERE PALMO-PLANTAR HYPERHIDROSIS

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## INTRODUCTION

Essential palmar hyperhidrosis (HH) is regularly associated with plantar HH. It has been reported that endoscopic transthoracic sympathectomy (ETS) may also reduce footsweat in over 50% of the patients. Unfortunately, in most patients this effect is not permanent and plantar HH tends to reappear and return to previous levels within months. Induced by a first patient who demanded a combined procedure, the approach was subsequently offered to a small selection of patients with debilitating palmo-plantar hyperhidrosis (PPHH) who had not responded to conventional treatment.

## MATERIAL AND METHODS

Between 2017 and 2019, 14 patients (8 F, 6 M), age range 14 to 53 (mean 33.9 years), underwent combined bilateral retroperitoneoscopic and thoracoscopic sympathectomy. 2 patients had undergone previous ETS procedures and suffered significant recurrence of palmar HH.

The procedure was carried out in the following sequence:

1. lumbar retroperitoneoscopic block of the sympathetic chain using 3-4 clips applied interganglionically at the level of L3-4, first in the right flank, then on the left side.
2. 2-port thoracoscopic sympathectomy T3 (ganglion oriented cut + ablation), first left, then right. Two patients opted for the clamping method. No chest drain was set.

Follow-up was carried out with a questionnaire 5-29 months postoperatively.

## RESULTS

Total operating time ranged from 85-160 minutes, mean 111.4 minutes. As expected, the ELS fraction was more time-consuming (55-95 minutes, mean 74.6 minutes) than the ETS procedure (30-65 minutes, mean 37.2 minutes). 2 patients had local pleural adhesions after previous surgery, requiring time-consuming lysis. No complications were encountered. Need for analgesics in the first postoperative hours was comparable to single procedures. Total hospitalization was 24 hours for all patients.

At follow-up (5-29 months, mean 19) 37.5% declared themselves completely satisfied, 62.5% satisfied with acceptable side-effects. No patient expressed dissatisfaction or regretted the procedure. Compensatory sweating (CS) was present in all, ranging from mild to moderate. 2 patients reported occasionally pronounced CS in hot conditions, responding well to oxybutynine.

Average quality of life score improved from 1.1 (preoperatively) to 8.5 (at follow-up) on a 0-10 scale. All would certainly (87.5%) or probably (12.5%) redo the operation if having to decide again.

## CONCLUSIONS

Combining ETS (T3) and ELS appears to be a suitable option for patients with severe to extreme PPHH, without adding significantly to postoperative discomfort and side-effects, while saving the patient multiple anesthetics, costs and time off-work.