

THORACOSCOPIC BILATERAL T3 SYMPATHECTOMY FOR PRIMARY FOCAL HYPERHIDROSIS IN PEDIATRICS

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Aim of the Study: Present our experience in the surgical treatment of primary focal hyperhidrosis of the hands by thoracoscopic bilateral T3 sympathectomy in pediatric patients.

Methods: Retrospective chart review of all patients operated between 2013 and 2015.

Main Results: We operated and included in the study 28 patients, 22 females and 6 males. Mean age was 14 (6-21) years. All patients had previously tried at least one form of medical therapy with no success. All patients were extensively counseled regarding the potential side effects of the sympathectomy. The operations were done in supine position with the arms extended. All patients were intubated with a double lumen endotracheal tube for sequential lung isolation. We used a 5-mm port for the scope and a 3-mm port for the instruments, both placed in the axilla. The third rib was identified by fluoroscopy. The sympathectomy was done with monopolar cautery. Mean operative time was 43 (25-71) minutes. No chest tubes were used. The incidence of intraoperative or postoperative complications was zero. All patients were discharged within the first 24 postoperative hours. All patients achieved immediate complete resolution of the palmar hyperhidrosis, sustained in all cases at a median follow up of 17 (2-34) months. The mean preoperative *quality of life score* (based on a multifunctional self-assessment questionnaire) was 41/100, whereas after the operation was 92/100. Only 1 patient developed mild temporary compensatory sweating (defined as the need to change clothes or take oral medication). All patients were satisfied with the result of the operation.

Conclusion: Thoracoscopic bilateral T3 sympathectomy is a safe and effective treatment for children and adolescents with primary focal hyperhidrosis of the hands who failed medical management and has a very low rate of compensatory sweating.