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Complications of transthoracic endoscopic sympathectomy for palmar hyperhidrosis

Zheng Zhi-min

Jinjiang Municipal Hospital of Fujian, China

Retrospective study of 80 cases palmar hyperhidrosis who underwent bilateral sympathectomy during Jan 2007 and Jun 2013. The curative results were compared between two groups: the T2 levels denervation (Group A, include T2 or T2-4) versus the T2 levels remained denervation (Group B, include T3 or T3-4 or T4). (1) All operations were successfully performed under thoracoscopic without conversion thoracotomy, severe morbidity and mortality. (2) All patients with palmar hyperhidrosis were completely dried immediate after surgery. (3) Accompanied axillary sweating and plantar sweating were improved in 84% and 71% patients respectively. (4) Side-effect of compensatory sweating were observed in 28% patients of group A and 13.4% of group B. (5) Endoscopic thoracic sympathectomy is an effective, safe and minimally invasive method for treatment of hyperhidrosis. (6) The diversity of surgical technique focus on following aspects: sympathectomy vs sympathictomy (i.e. resection vs ablation); sympathetic ganglion denervation vs sympathetic chain denervation; single level denervation vs multiple level denervation; which level is the best level to ablate; and how to deal with Kuntz fiber. (7) The method of T2 levels remaining denervation appears associated with less compensatory sweating.

Biography

Zheng Zhi-min has completed his M.D. at the age 22 from Fujian Medical University. He is the Chief of thoracic surgery department in Jinjiang Municipal Hospital of Fujian Province. He is board director of Fujian thoracic surgery society and board member of Chinese thoracic surgery. He has published more than 10 papers in reputed journals.

zhzm2003@163.com