

## 4th International Conference on

## **Clinical & Experimental Dermatology**

April 14-16, 2014 Hilton San Antonio Airport, TX, USA

Sympathicotomy for palmar hyperhidrosis: The association between the intro-operative hand temperature change and the curative effect

Liu Yan-guo, Zheng Xia, Li Xiao, Cui Jian, Li Jian-feng, Liu Jun and Wang Jun Peking University People's Hospital, China

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-senven T4 sympathicotomies, fifteen T4+T5 sympathicotomies, and six T3 sympathicotomies. Tmax $\leq$ 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  $T_{max}$  were all less than 1°C. But in those hands with  $T_{max}\leq$ 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**

Liu Yan-guo has completed his M.D. in 2000 and Ph.D. in 2005 from Health Science Center of Peking University. He is Associated Professor of thoracic surgery department in Peking University People's Hospital. He is board member of Chinese thoracic surgery. He has published 16 papers in reputed journals.

liuvanguo@pkuph.edu.cn