



The Focus of Primary Hyperhidrosis Studies: Resolving Compensatory Sweating After Surgeries

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Dear Editor

The prevalence of primary hyperhidrosis (PH) is reported to be as high as 6.1% by different studies. It is a rather prevalent disease in eastern Asia and the Middle East. Treatment of PH is either medical or surgical, but each of these has its own problems. Diverse medical treatments include hygiene protocols (such as absorbent powders, cotton gloves and socks, etc), topical agents such as aluminum salts, systemic anticholinergics, antidepressants, antianxiety agents, iontophoresis, Botox injections, microwave thermolysis, and topical laser. However, these therapeutic options are not sufficiently effective. Moreover, their effects are transient, requiring the repetition of treatment, and accompanied by bothersome side effects that leave patients dissatisfied; ultimately, many patients abandon treatment.

Surgery for PH is believed to be very effective (72.2%-100%) and its results long-lasting. Compensatory sweating (CS) is the main early or late unwanted consequence of PH surgeries. Since the shift of these surgeries from open to thoracoscopic and from sympathectomy to sympathicotomy (with electrocautery, clipping, radio frequency, harmonic scalpel, or nerve blocking), the focus of research in this field has been on reducing the rate of CS. It has been proposed that this can be achieved by lowering the levels of sympathicotomies,

reducing the number of sympathicotomies, or by limiting the extension of surgeries.^{1,3}

It is suggested that scholars work on a systematic review of the topic of post-sympathectomy PH. Furthermore, it is suggested that special review articles in this field, such as reference number 1, be studied.

Conflict of Interest Disclosures

The authors declare they have no conflicts of interest.

Ethical Approval

Not applicable.

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