

HYPERHIDROSIS



Dr. Javier Gallego

HYPERHIDROSIS? DON'T BE INTIMIDATED.

HYPERHIDROSIS is an excessive and unnecessary increase in sweating that affects the hands, underarms and feet in a particular way.

Perspiration is a necessary function to control body temperature and is regulated by the sympathetic nervous system. However, in approximately 2.5% of the population, this system does not function properly, i.e. there is excessive stimulation of the sweat glands and an intense production of sweat in certain parts of the body, a situation referred to as hyperhidrosis.

The most common and annoying form of hyperhidrosis affects the palms of the hands, causing discomfort in social relationships (handshake), as well as at work (handling electronic components, delicate merchandise, aesthetic treatments).

Axillary hyperhidrosis is also frequent and equally uncomfortable and embarrassing because it stains most clothing.

Plantar hyperhidrosis greatly restricts the daily life of patients, mainly in the choice of footwear and also because of the impossibility of using open shoes in summer.

Craniofacial hyperhidrosis is excessive sweating of the face and scalp. This situation cannot be "disguised", so there are people who stop doing certain everyday activities and many say that the situation has affected their professional growth.

Minimally invasive treatment

The treatment for hyperhidrosis is bilateral video-assisted thoracic sympathectomy. It has been known for some time but, until just a few years ago, it was not possible to perform the surgery in a simple and minimally-invasive way.

Video-assisted and minimally invasive thoracic surgery revolutionised the treatment of hyperhidrosis by interrupting the sympathetic nerves in a select and definitive way, with a success rate



of 98%, especially in the case of the hands and underarms.

The surgery is done under local anaesthesia, allowing the patient to go home on the same day and back to work two days later.

The surgical procedure consists of placing a small titanium clip that blocks the ganglia of the sympathetic nerve responsible for sweating in the zone in question, and immediately and definitively solves the problem of excessive sweating.

To place the clip, two tiny incisions are made under the armpits and, with a 3 or 5mm endoscopic camera and minimally invasive surgery, it is possible to access the nerve.

This technique is a recent solution that makes it possible to reverse any side effects of surgery which, in my experience, happens in fewer than 3% of the cases, as is the case of compensatory sweating.

Are there any alternatives to surgery?

Botulinum toxin (Botox) is an alternative treatment that is applied by local injections and has shown good results for isolated underarm sweating.

In order to assess the intensity and extension of underarm sweating, the Minor test is first done, and the sweating only disappears two days after injecting the toxin.

This alternative to surgery is, however, not definitive as it is necessary to repeat the Botox application as hyperhidrosis will usually return six months later.

For craniofacial sweating, there is the possibility of applying a gel, but it is also not a definitive solution, although it does substantially improve the symptoms.

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