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COMPARISON OF ONLY T3 AND T3-T4 SYMPATHECTOMY FOR AXILLARY HYPERHIDROSIS REGARDING TREATMENT EFFECT AND COMPENSATORY SWEATING
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Objectives: The routine approach for axillary hyperhydrosis treatment is T3-T4 sympathectomy. Our aim was to evaluate whether T3 sympathectomy was sufficient for axillary hyperhydrosis treatment and whether the T3 localization led to less compensatory sweating than T3-T4 in our 60-patient series.

Methods: One hundred twenty endoscopic thoracic sympathectomies performed on 60 patients [M:F 29:31 with a mean age of 24.89 ± 10.19 (14-42) years] who had axillary hyperhidrosis were evaluated based on case histories with respect to operative method, symptom control, and patient degree of satisfaction. We used only T3 sympathectomy for palmar hyperhidrosis, while axillary hyperhidrosis patients were divided into two groups with 17 patients in Group 1 undergoing T3-4 sympathectomy and 43 patients in Group 2 undergoing T3 sympathectomy only for axillary hyperhidrosis. All patients were followed up using a postoperative questionnaire survey at one year. The result of the axillary hyperhidrosis treatment was evaluated along with the presence, location, and severity of compensatory sweating and patient degree of satisfaction.

Results: There was no statistically significant difference between the groups for the duration of surgery, inpatient duration and postoperative satisfaction level (P > 0.05) while the incidence and degrees of compensatory sweating were lower in the T3 group than the T3-T4 group at one-year follow-up (P = 0.008).

Conclusions: T3 sympathectomy was as effective as T3-T4 sympathectomy for postoperative satisfaction but the T3 group showed lower compensatory sweating at the one-year follow-up for treating axillary hyperhidrosis.

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