Comment on: analysis of 54 patients who underwent thoracoscopic sympathectomy

Eurasian Clinical and Analytical Medicine Letter to the Editor

Analysis of 54 sympathectomy performed patients

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To the Editor

I curiously read the manuscript entitled "Analysis of 54 Patients Who Underwent Thoracoscopic Sympathectomy " which was written by Cubuk S et al.[1] and published in the January 2013 issue of your periodical. Firstly, I want to thank to Cubuk at al. for conveying their experiences. Additionally I want to point a few issues out in order to take more advantage of the author's existing experiences and knowledge.

Compansatory hyperhidrosis (CH) is a common but rarely disturbing complication which can be seen in different rates after thoracoscopic sympathectomy.[2] As it mentioned in the manuscript, it depends on the level and the length of sympathectomy. Furthermore it can also be seen in different rates according to the sympathectomy technique used.[3,4] In their series, the authors performed en-block resection for 36 of 54 patients and couter ablation for 18 of 54 patients. I want to ask if they mentioned any significant differences in CH rates between these two techniques. Recurrence was seen in two patients, who underwent a second surgical operation. One patient experienced decreased heart rate and due to this complication he underwent two-staged operation. In the literature, it is emphasized that recurrences are more frequent in couter ablation but it can also be associated with collateral transmissions.[3,5] Moreover long resections are more related to heart complications. I think it would be better if the authors specify the recurrences according to which technique they used, what they performed in the second operation and in which group heart rate decreased.

The authors reported that they reached 50 of 54 patients with telephone and the communication for the other four patients is missing. Statistical analysis was performed out of 50 patients and reported success rate was %100; on the other hand, I think CH rates were analyzed probably out of 54 patients and the reported rate was %46.3 (n:25). I think a correction is needed about this statistical analysis.

I would like to thank to Cubuk et al. for their meritorious report.
Yours sincerely

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