

Letter to the Editor

Video-assisted thoracic sympathectomy

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The objective of our study,⁽¹⁾ which was published in the May/June edition of the Brazilian Journal of Pulmonology, was to compare the degree of satisfaction in patients submitted to sympathectomy to the presence of reflex sweating at different levels of ablation, and not to describe procedures that are already widely-used by the specialized scientific community. Our aims were to retrospectively identify, and thereby fill the scientific void regarding, which surgical procedure provides the best results regarding the control of hyperhidrosis and which procedures are the most effective in minimizing possible postoperative complications, principally reflex sweating, since it is responsible for most of the patient dissatisfaction with the surgery. Another equally relevant aspect is that none of the reviewers who assessed the study in question commented on the description of the method or on the analysis of the observed data. It is worthy of note that the Editorial Body of the Brazilian Journal of Pulmonology, which the Brazilian *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES, Coordination of the Advancement of Higher Education) classifies as an International Quality C journal, is composed of researchers of great scientific renown, including those who have distinguished themselves on the international stage in their area of specialty. Differences of a scientific nature are the foundations upon which science is based. Therefore, we published our data with the objective of filling a gap in scientific research and adding value to the body of knowledge concerning the topic at hand.

Regarding the Editorial written by Campos & Kauffman,⁽²⁾ we would like to make the following comments:

The authors refer to the decade of 1990. In fact, since the word 'decade' means 'a span of ten years', they should have referred to 'the decade of the 1990s' or simply 'the 1990s'.

The authors cited studies from different research groups, especially those from North America, without presenting them in the bibliographic references section, citing only studies from their own group.⁽²⁾

In the fourth paragraph, the authors mention that there is a consensus in the scientific community regarding the preservation of the second ganglion of the sympathetic

neural chain, despite the fact that there has as yet been no systematic meta-analysis of the topic.⁽²⁾

We will address the following scientific concerns⁽³⁾:

We used intubation with a double-lumen tube for only the first 40 of the 732 patients who have undergone surgery to date. The procedure is very rapid (2 to 5 minutes), and the patients were monitored using oximetry and capnography. In only 1 of the 18 cases of adhesion we encountered was there an insufficient pleural space for us to perform the operation: the case of a patient who had had childhood empyema. We performed a single 7-mm incision with the patient in the semi-seated position, arms supported on a comfortable armrest created by our group, thereby avoiding distension of the brachial plexus. We did not operate on patients with a body mass index over 30 kg/m² and who had cardiac and endocrine comorbidities as well as active or prior pleuropulmonary diseases.⁽³⁾ Our recidivism rate was updated again in June of 2007 after 612 operations, having decreased from 1.15% to 0.85%, which is consistent with other findings in the literature.⁽⁴⁾ The authors of the aforementioned Editorial cited recidivism rates of 8.2% for palmar hyperhidrosis and 13% for axillary hyperhidrosis.^(2,5) Finally, it is of note that we carried out between 3 and 10 sympathectomies per week and always taught our graduate students and residents that professional and scientific ethics are incompatible with deviations.

References

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