

Case 2



## *Excessive Palm Sweating*

A 20-year-old man presents with excessive sweating of his palms, which has been bothersome since early childhood. It has become more severe in the past five years.

### Questions

1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

### Answers

1. Palmar hyperhidrosis
2. Palmar hyperhidrosis denotes excessive eccrine sweating in the palms. The estimated incidence is 0.6 to 1% of the population. It is believed that the condition is due to localized hyperactivity of the sympathetic cholinergic fibres that pass through the upper dorsal sympathetic ganglia at T2 and T3. Palmar hyperhidrosis often begins in childhood and becomes more severe in adolescence and young adulthood. The degree of sweating is variable, ranging in severity from moderate moisture to severe dripping. The sweating is unrelated to ambient temperatures, but it can be aggravated by stressful emotional situations. The excess sweating is typically absent during sleep. Palmar hyperhidrosis adversely affects quality of life. Affected patients tend to avoid shaking hands. As such, they may become socially withdrawn and have low self-esteem. They may even have difficulty grasping certain objects, such as pens.
3. Treatment is mainly symptomatic. When topical therapy with aluminum salts (e.g., Hydrosal<sup>®</sup>, Drysol<sup>®</sup>) and iontophoresis are unavailable, unsuccessful, or deemed unsatisfactory, injections of botulinum toxin should be considered, as they are a very effective, localized treatment. Oral anticholinergics, such as oxybutynin, can also be considered. Endoscopic thoracic sympathectomy may be considered for the rare patient with intractable palmar hyperhidrosis resistant to conservative measures.

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