

Case Report

CC: “Sweating is going to ruin my wedding in 6wks.”

S: 24yo F with 15-yr hx of excessive sweating face, chest, hands, axillae, feet. Symptoms occur daily, not while sleeping. The patient denies weight loss, fatigue, night sweats, heart palpitations, jitteriness, polyuria/polydipsia, flushing, pruritis, fever, or edema. Only med is levothyroxine 50mcg. PMH depression. No surgeries. No allergies. Dad has excessive sweating. Non-smoker, no drugs, light alcohol intake, SAD, BMI 37, light irregular exercise.

O: Normal vitals. Distraught, crying, anxious. Copious diaphoresis face, chest, hands, axillae, feet. Minor skin irritation axillae. Remainder of exam unremarkable. Labs TSH 2.6, unremarkable CBC, CMP, prolactin.

A: Primary Focal Hyperhidrosis. Severe. Multiple regions of complaint. No indication of underlying pathology.

P: Initial tx aluminum hexahydrate, but not effective and pt had too much skin irritation. Next step oxybutynin 5mg. This was well tolerated and titrated up to 15mg ER. No tx limiting side effects. Dramatic improvement in diaphoresis.

RESULT:
Wedding of her dreams.

HYPERHIDROSIS IS EASY FOR FAMILY MEDICINE

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What is Hyperhidrosis? Eccrine gland dysfunction with central dysregulation commonly with family history.

Prevalence ~3% of population have ADLs negatively impacted by excessive sweating

Affect on Patient Medical sequelae typically modest, but personal costs can be very high
-social, emotional, professional

Comforting patient presentation
Focal sweating >1X/wk, >6m duration, onset <25yo, no constitutional Sx, + FH, no night time sweating.

Concerning patient presentation
Generalized sweating, recent onset, >50+ at onset, night time Sx, constitutional Sx

Causes of Generalized HH

Endocrine: menopause, hyperthyroid, DM, pheochromatosis, hyperpituitarism, carcinoid syndrome

Medications: propranolol, TCA, cholinesterase inhibitors, SSRI, opioids

Febrile Illness: malaria, tuberculosis, endocarditis, HIV
CHF

Neurologic: Parkinson’s, peripheral neuropathies, brain lesions

Malignancy

Treatment options

Topical: Aluminum hexahydrate, limited by dermatitis

Oral: oxybutynin et al, limited by side effects

Injections: Botox, limited by pain and cost

Surgery: Sympathectomy, limited by death and disfigurement