

## Facial blushing: How to select patients for Surgery

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From the first publication about surgery in Facial Blushing by Drott in 1998(1) the number of patients treated by Endoscopic Thoracic Sympathectomy (ETS) was increase rapidly. Talaranta proposed to select patients with social phobia (2). Initially the satisfaction was about 85-88%, but decrease until 75% in the long follow up, and the regret rate increase until 13,5% (3,4).

There are no control studies until 2011, when Jadresic, Suarez et al published his work, they compare medical treatment (sertraline, IRSS) versus ETS, their results show 89% satisfaction with ETS and 59% with sertraline in long follow up. They recomend to select patients for surgery with previous medical treatment with sertraline for three months and operate just the non response group of patients. This way allows to diminish the regret rate to 4% in long follow up (5)

Licht et al published a randomized trial and compares R2 vs R2-3 sympathectomy, they show response rate 93%, with 85% satisfaction and regret rate 13% at one year follow up.(6)

The recomendation to use first IRS for Blushing's treatment was confirm by Pelissolo and Moukheiber in 2013 (7)

Based in this publications our group indicate surgery after psychiatric evaluation or, at least , social phobia questionnaires.

Because the compensatory sweating is the main cause of regret we prefer thin patients for this surgery (BMI 20 or less). We think more BMI is associated with more sweating.

Our recomendations to select patients for surgery are:

- 1 - Severe Facial Blushing (degree 3-4 in a 0-4 scale)
- 2 - Psychiatric Evaluation to:
  - Discard another mental disease and
  - Diagnosis of Social Phobia / SAD
  - Evaluate capacity to understand bad results (compensatory sweating, persistent blushing, harlequin syndrome)
- 3 - Sertraline treatment prior to ETS
- 4 - BMI 20-22 max (< Compensatory sweating)
- 5 - Consider place of residence (climate)

### Bibliography

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