The effect of microwave treatment in axillary hyperhidrosis: the patient's perspective.



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Background

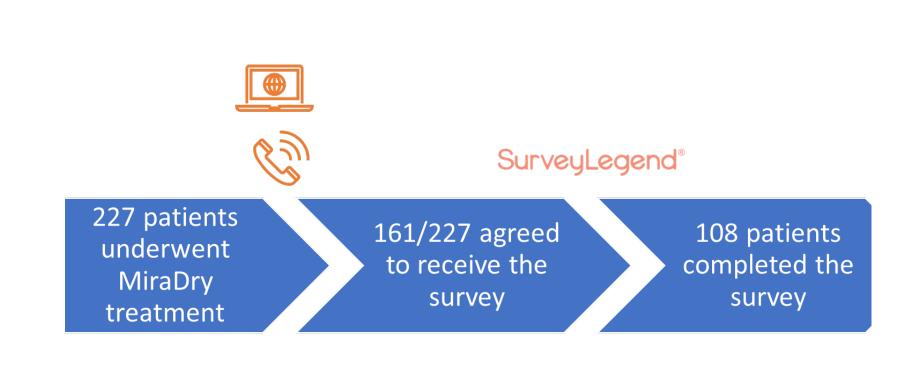
Treatment of axillary hyperhidrosis through thermolysis of sweat glands has been approved by the US FDA in 2012 (MiraDry®). Since then several studies and case reports were published, however long-term information on efficacy and safety profile is still limited. This device is considered non-invasive a treatment, using microwaves with a wavelength of 5800 MHz. It reaches an optimal effect after two sessions, with a more permanent result.

Objectives

To evaluate efficacy, side effects and patient satisfaction of axillary hyperhidrosis treatment using MiraDrybased thermolysis of sweat glands.

Methods

We performed single-center retrospective study of 108 patients with axillary hyperhidrosis ± bromhidrosis who underwent MiraDry treatment from 2015 to May 2020. January Demographic information, Hyperhidrosis Disease Severity Scale (HDSS) which is a validated score of 1 to 4 to assess the degree of sweating and its impact on the daily activities, 11point transpiration Numeric Rating (NRS), 11-point odor NRS, Scale emotional impact, overall satisfaction and short- (up to three months) and long-term side effects (longer than three months, maximum up to 6 years follow-up) were analyzed.



Results

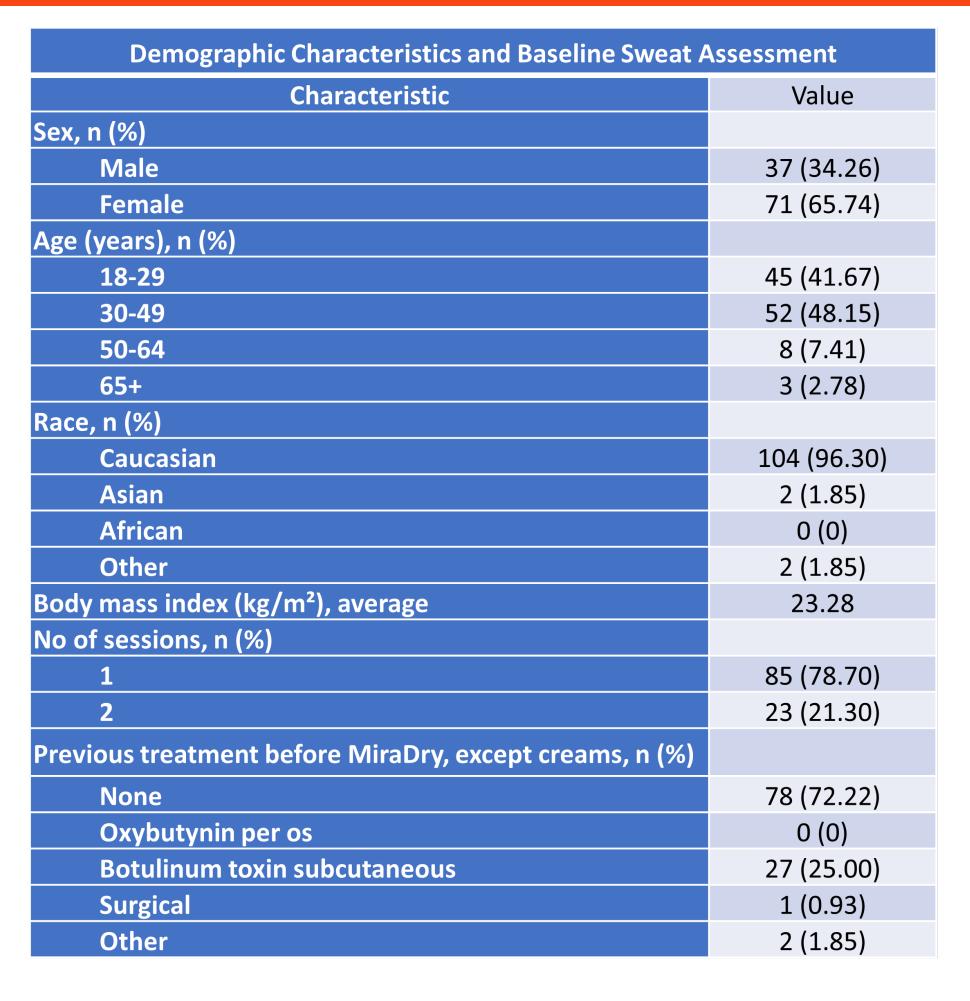
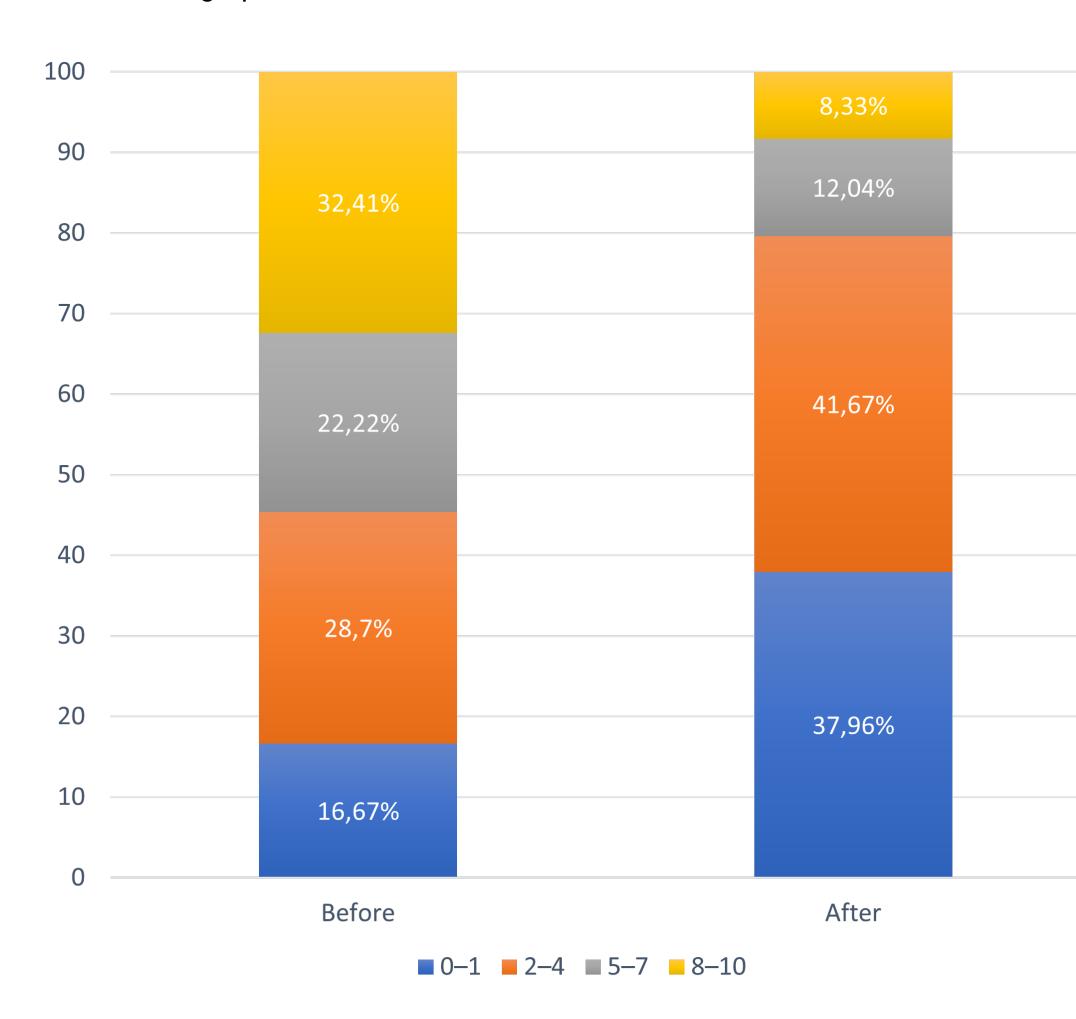


Table 1. Demographic Characteristics and Baseline Sweat Assessment.



80 —										
70 —										
60 —										
50 —			54,63%							
40 —			34,0370		7,41%		3,7%			
30 —										
20 —	34,26%				39,81%		39,81%			
10 —			18,52%							
0 —	1,85%									
	1		2		3		4			
	■ Before ■ After									

Fig. 1. Reduced hyperhidrosis disease activity after microwave-based treatment: Hyperhidrosis Disease Severity Scale (HDSS) assessing hyperhidrosis disease activity before and at least 12 months after MiraDry® treatment. HDSS measures the degree of sweating and its impact on daily activities (%). Most patients reached disease activity of 1-2 after treatment.

Side effect	≤ 3 months after treatment - no. (%)	> 3 months after treatment - no. (%)	
None	3 (2.78)	29 (26.85)	
Pain	53 (49.07)	8 (7.41)	
Swelling	98 (90.74)	19 (17.59)	
String formation	9 (8.33)	6 (5.56)	
Inflammations (e.g. cyst/abscess)	8 (7.41)	4 (4.70)	
Erythema	30 (27.78)	N/A	
Hypoesthesia	57 (52.78)	21 (19.44)	
Paresthesia	21 (19.44)	6 (5.56)	
Hyperpigmentation	9 (8.33)	6 (5.56)	
Axillary alopecia	71 (65.74)	58 (53.70)	
Other	8 (7.41)	6 (5.56)	

Fig. 2. Microwave-based treatment reduced axillary odor: 11-point odor scale (0-10) before and >12 months after treatment. Most participants were ranked in scores 5 and higher prior treatment and in scores 0-4 after MiraDry® treatment (%).

- HDSS median score: 1-drop reduction from 3 to 2.
- Odor reduction median score (11-point scale): pre-treatment = 5, post-treatment = 2.
- 3 most frequent short-term side effects: swelling (91%), axillary alopecia (66%), hypoesthesia (53%).
- 3 most frequent long-term side effects: axillary alopecia (54%), hypoesthesia (19%), swelling (18%).
- 27% had no long-term side effects. 28.56% had axillary alopecia as only long-term side-effect.
- No significant impact of BMI on hypoesthesia.
- 19% noted paradoxically post-treatment sweating.
- 32% felt anxious that sweating might return and 27% expressed negative emotions.
- 56% had recurrence of excessive sweating at a certain point: 25% <6 months, 18.33% 6 months 1 year, 41.67% > 1 year. Four patients (6.67%) did not provide details on time course. Five patients (8.33%; or 4.63% of all patients), of which two patients completed a second session, considered themselves as treatment failures due to lack of clinical improvement.
- 77.8% were satisfied they had done the treatment and 65.7% would recommend it.

Conclusion

Microwave-based treatment of axillary hyperhidrosis provides a durable reduction in sweat and odor, with acceptable side effects and a high level of patient satisfaction. Despite that most patients are psychologically satisfied post-treatment, fears of recurrence and insecurity can still have a psychological impact that may require additional medical or psychological treatment.