

Her massive palmar sweating had prevented her from completing a college-level office program because of her inability to work effectively on the computer. She also had left her work at a coffeepot manufactory because her hand moisture had resulted in electric shocks when she tested the circuitry of the product. She had tried topical aluminum chloride without substantial impact on the level or intensity of her sweating. At thoracoscopic sympathectomy, an azygous lobe web was found to obscure the superior sulcus and the sympathetic chain above the level of the 3rd costal head (Fig. 2A). The web was perforated so that the sympathetic chain overlying the 2nd costal head could be seen, and a T2 sympathectomy was done (Fig. 2B). A T3 sympathectomy was also done at a point lateral to the edge of the membrane, and the patient's palmar hyperhidrosis was successfully treated.

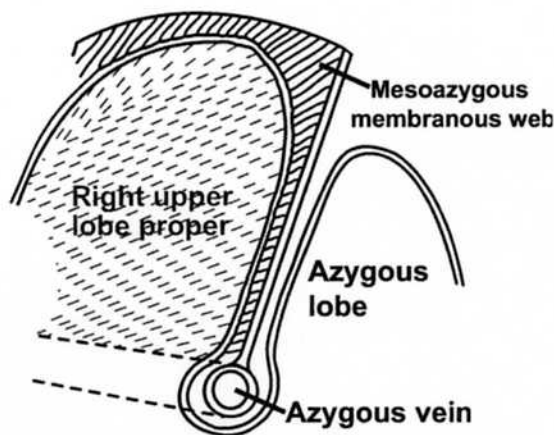


Fig. 1 Congenital azygous lobe and web.

Patient 2

A 24-year-old white man presented with massive palmo-plantar hyperhidrosis, which had begun at puberty. Sweat dripped uncontrollably from the patient's hands, interfering with his position as a schoolteacher. He wanted to become an athletic trainer but found it impossible to give hands-on therapy to athletes because of this massive sweating. Both topical aluminum chloride and iontophoresis management had failed. The patient underwent bilateral thoracoscopic sympathectomy, during which we found a right azygous lobe with the membranous web completely obscuring the costal heads and the sympathetic chain above the level of T4 in the superior sulcus (Fig. 3A). We were able to perform a T4 sympathectomy outside the margins of the membrane. Penetration of the web permitted exposure of the sympathetic chain for sympathectomy at T3 (Fig. 3B). Curative results were achieved for the patient's palmar sweating.

Patient 3

A 14-year-old white girl who had experienced massive palmo-plantar hyperhidrosis since early childhood presented with her hands quite literally dripping sweat to the floor. The problem was debilitating for this high-school student, who could not write properly or perform cheerleading maneuvers with any confidence. She wanted to become a dentist and believed that hyperhidrosis would make that difficult or impossible. Multiple medical remedies, including topical aluminum chloride and formaldehyde, had failed. At the time of thoracoscopic sympathectomy, we found that the azygous web obscured the superior sulcus and costal heads above the level of T4 (Fig. 4). After penetrating the web, we performed a T3 sympathectomy, and then performed a T4

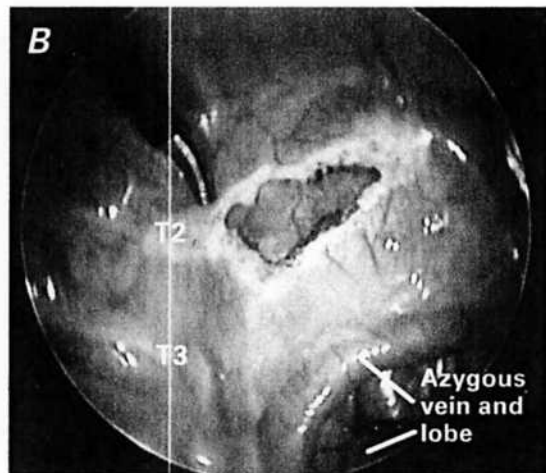
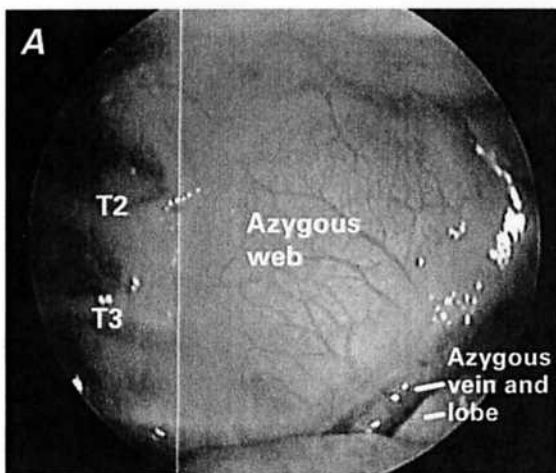


Fig. 2 Patient 1. **A)** Azygous web obscures the superior sulcus and the sympathetic chain above the level of the 3rd costal head (T2 and T3 = points at which the sympathetic chain crosses the 2nd and 3rd costal heads, respectively). **B)** Penetration of the azygous web enables visualization for a T2 sympathectomy. The sympathetic chain over the 3rd costal head lies lateral to the margin of the web.