



Managing Pediatric Hyperhidrosis: Advances in Treatment and Psychosocial Considerations

Freidlin Ishra*

Department of Pediatrics, University College Dublin, Ireland

DESCRIPTION

Hyperhidrosis, characterized by excessive sweating beyond what is necessary for thermoregulation, is a condition that significantly impacts the quality of life in pediatric patients. Although often overlooked, hyperhidrosis in children and adolescents can lead to substantial physical discomfort, emotional distress, and social challenges. The condition can be classified as primary hyperhidrosis, usually localized to specific areas such as the palms, soles, and axillae, or secondary hyperhidrosis, which is associated with underlying medical conditions or medications. Recent clinical investigations and therapeutic advancements have begun to offer more effective management strategies, shedding light on the complexities of this often debilitating condition. Primary focal hyperhidrosis typically manifests during childhood or adolescence, presenting symmetrically and often exacerbated by stress, heat, or physical activity. The exact pathophysiology remains elusive, though it is thought to involve hyperactivity of the sympathetic nervous system. The psychological burden includes embarrassment, anxiety, and a significant reduction in self-esteem, which can contribute to social withdrawal and academic difficulties. Despite its prevalence, hyperhidrosis remains underdiagnosed, often mistaken for normal sweating, or dismissed as a minor inconvenience. Secondary hyperhidrosis, less common in pediatric populations, warrants a thorough evaluation to identify any underlying causes such as endocrine disorders, infections, or neurologic conditions. The management of secondary hyperhidrosis involves treating the primary condition, which often alleviates the excessive sweating. For primary hyperhidrosis, however, a multifaceted approach is necessary. Initial management strategies typically include topical agents such as aluminum chloride hexahydrate, which reduces sweating by obstructing sweat ducts. While effective for many patients, these treatments can cause skin irritation and are often inadequate for severe cases. Systemic treatments, including anticholinergic medications like glycopyrrolate, offer an alternative by

inhibiting sweat gland activity. However, the systemic side effects, such as dry mouth, urinary retention, and blurred vision, can limit their use, particularly in children. Another promising treatment modality is iontophoresis, which involves passing a mild electrical current through water to inhibit sweat gland activity. This method is particularly useful for palmar and plantar hyperhidrosis and can be performed at home with portable devices. While effective, the requirement for frequent sessions to maintain results can be a barrier to adherence, particularly for busy families and children with demanding schedules. For severe cases unresponsive to conservative measures, surgical options such as Endoscopic Thoracic Sympathectomy (ETS) may be considered. This procedure involves interrupting the sympathetic nerves responsible for excessive sweating. ETS has demonstrated high success rates in reducing hyperhidrosis, but it carries risks of complications, including compensatory sweating in other body areas. Therefore, it is generally reserved for the most refractory cases after careful consideration and counseling. Beyond medical and surgical interventions, psychological support and counseling are crucial components of care. Educating patients and their families about the condition, addressing the emotional and social challenges it presents, and providing coping strategies can significantly enhance overall quality of life. In conclusion, pediatric hyperhidrosis is a multifaceted condition that requires a comprehensive and individualized approach to management. Advances in medical and surgical treatments offer new hope for effective symptom control, but addressing the psychosocial aspects of the condition is equally important.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

Received:	29-May-2024	Manuscript No:	ipcpdr-24-20572
Editor assigned:	31-May-2024	PreQC No:	ipcpdr-24-20572 (PQ)
Reviewed:	14-June-2024	QC No:	ipcpdr-24-20572
Revised:	19-June-2024	Manuscript No:	ipcpdr-24-20572 (R)
Published:	26-June-2024	DOI:	10.36648/2472-0143.10.2.15

Corresponding author Freidlin Ishra, Department of Pediatrics, University College Dublin, Ireland, E-mail: frinsha@gmail.com

Citation Ishra F (2024) Managing Pediatric Hyperhidrosis: Advances in Treatment and Psychosocial Considerations. Clin Pediatr Dermatol. 10:15.

Copyright © 2024 Ishra F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.