We read with interest the recently published paper by Purtuloglu et al. [1]. It retrospectively compared a group of patients treated with surgical sympathectomy with another group who received percutaneous radiofrequency ablation therapy.

First, we would like to comment on their final conclusion, particularly on two issues: (i) the amazing statement that they have published ‘the first clinical study to evaluate the role of radiofrequency ablation and compare it with the surgical treatment option for palmar hyperhidrosis’ and (ii) the cost benefit analysis of radiofrequency over surgery that they also mentioned in that section. Concerning the first issue we would like to inform the authors that our group, García Franco et al. [2], published in 2011 the paper ‘Prospective study of percutaneous radiofrequency sympathicolysis in severe hyperhidrosis and facial blushing: efficacy and safety findings’, comparing prospectively both the techniques mentioned. The paper was published in this same Journal. However, we noticed that it has not even been included in the references, even though our paper was probably one of the few in the literature to have compared both procedures. As for the second issue mentioned above, we have not found in their paper any statistics or economic data that supports the statement they make in relation to cost-benefit analysis. Even though it is true that radiofrequency procedures are, in principle, less expensive than surgical ones, a cost-benefit analysis should have included, at least, the ratio of cost between both techniques.

Secondly, we would like to indicate the importance of studying, with validated scales, the quality of life, before and after the procedure, to determine the real benefit of these techniques in patients’ lives. In fact, in our series with a decrease of 50% in sweating in the social hand, we proved that quality of life clearly increased. The paper Purtuloglu et al. wrote did not include any quality of life study relating the success of the technique to hand dryness and general satisfaction and this clearly leaves the patient outcome analysis incomplete.

Thirdly, we were surprised to read that there were practically no complications with regard to surgical procedures and, in the only complication mentioned in the paper, it is not clear at all what ‘a lung adhesion that did not require surgical treatment’ means. As far as we know, lung adhesions have never been described as surgical complications per se. We actually described in our series several complications after surgical sympathectomy that are normally mentioned in the literature, severe compensatory sweating being particularly relevant and affecting around 5–7% of all patients treated [3]. There is no clear evidence in the literature to establish that compensatory sweating occurs due to the level of sympathectomy performed [4]. For these two reasons, it was interesting to check that no severe compensatory cases were described in the Purtuloglu series, although 46 patients were treated surgically.

REFERENCES