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Anesthesiology and Pain Medicine
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Peer Review Report for "Safety of Radiofrequency Ablation of Thoracic T2 and T3 Sympathectomy in Palmar Hyperhidrosis: A Case Report"

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Review Timeline:

Submit Date: 13 Apr 2021
Revised Date: 16 May 2021
Accepted Date: 20 May 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0)

19 Apr 2021

Dear AE,
Thanks for submitting this valuable case report.
There are some typing errors that need to be corrected by the authors (e.g. king, ssoles and etc.).
- Please explain more about the procedure. For example, fluoroscopic view and degree of obliquity that was used, the size of the needle (length, gauge), patient's sedation, types of monitoring, and so on.
- Did you measure the temperature of both hands after the procedure? Or only the patient experienced an increased temperature in his hand? What was the temperature difference between the two hands?
- Did you perform a trial prognostic block with a local anesthetic before RF ablation?
- I did not understand exactly the cause of the flexor muscle spasm after the procedure. Is it possible that the brachial plexus be involved during radiofrequency ablation?
- Please put the title of Figure 1 exactly below the figure.
- It is recommended to use new and updated studies in the REFERENCES.
Good luck,

Amir-aziz Saif: Reviewer | **Revision** (0) 21 Apr 2021

Dear AE,
My suggestions for the authors:
1) All sections of this article should rewrite precisely, with emphasis on correct spelling, grammar, and dictation.
2) The time of following up after the procedure was only 3 months. Wasn't better to inspecting the patient for a longer period? (e.g. 6 months?) (As we know, Most complications of procedures in medicine manifest until 6 months)
3) In follow-up, you didn't mention which complications you were waiting for?
4) In the abstract please add some information briefly about the method and modality of performing RF.
Thanks.

Kamran Mahmoudi: Reviewer | **Revision** (0) 3 May 2021

Dear AE,
Comments for the author:
1-The kind of intervention should explain more in abstract (and the level for RF ablation).
2- In abstract, conclusion part should be revised(explain your title and write about safety).
3- In introduction part,line 2,ssoles should correct.
4-In introduction part,line 5,references should be corrected (1,26???).
5-You should mention the difference of temperature between two hands.
Thanks.

Alireza Abdullahzadeh-Baghaei: Reviewer | **Revision** (0) 5 May 2021

Dear AE,
The application of Radiofrequency in variety of modes for treating problems other than pain has its special attraction.
But this case report needs essential correction to convert publishable version, as follows:
1- It is not true to Claiming of "this study is the first investigation of RF therapy for treating of Hyperhidrosis".
2- Case needs to be presented in details. Important points such as, anxiety level of the patient, sweating at rest or activity, exact anatomical location of sweating, being bilateral or unilateral, long-lasting complaints, and their frequency have been neglected.
3- Lack of bilateral upper extremity temperature monitoring to evaluate exact effect of procedure.
4- Lack of application of objective way for sweating severity measurement.
5- The references are old and need to be new.
6- Considering to lack of fluency and full of redundancy, it is suggested to rewriting for better presentation.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 9 May 2021

Dear EIC,

The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0)

9 May 2021

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewers' Comments and answers;

Reviewer 1:

Q1- The kind of intervention should explain more in abstract (and the level for RF ablation).

ANS 1- It was done.

Q 2- In abstract, conclusion part should be revised(explain your title and write about safety).

ANS 2- It was done.

Q 3- In introduction part,line 2,ssoles should correct.

ANS 3- It was done.

Q 4- In introduction part,line 5,references should be corrected (1,26???).

ANS 4- It was done.

Q 5- You should mention the difference of temperature between two hands.

ANS 5- It was mentioned in my manuscript as follows in case presentation section; The patient experienced an increase in temperature of his right hand, and we observed congestion of the right hand. Temperature was not measured, but observed by the patient accompanied by congestion. In this case report I intended to write this manuscript after patient coming to our hospital clinic after spasm occur with severe pain and severe congestion not from the start of doing my case. This severe spasm which was noticed provoked me to write this manuscript because it was the first time to occur after RF ablation in this case. I didn't want to tell you by any measurement to avoid fake data but only I tell you what happened exactly and truly.

Reviewer 2:
My suggestions:

Q 1- All sections of this article should rewrite precisely, with emphasis on correct spelling, grammer and dictation.

ANS 1- It was done.

Q 2- The time of following up after procedure was only 3 months. Wasn't better to inspecting the patient for a longer period? (e.g. 6 months?) (As we know, Most complications of procedures of in medicine manifest until 6 months).

ANS 2- I added this point as limitation in my study which was missed during writing and the patient was missed from me during follow up.

Q 3- In follow up, you didn't mention that which complications you were waiting for?

ANS 3- It was mentioned in case presentation section and complications parameter missed during writing were added as follows; The secondary outcome included compensatory hyperhidrosis events, classified as follows: no compensatory hyperhidrosis, mild (sometimes sweaty and sometimes not sweaty), moderate (always aware but not troublesome, or troublesome but controlled by clothing), severe (causes embarrassment or regret over having undergone endoscopic thoracic sympathectomy) [23]. Other secondary outcomes included:, patient satisfaction (satisfied or not satisfied), and evaluation of hemodynamic parameters measured preoperative, intraoperatively, postoperatively, and other complications including pneumothorax, hematoma, ptosis, muscle weakness and muscle spasm.

Q 4- In the abstract please add some information briefly about method and modality of performing RF.

ANS 4- It was added in introduction of abstract section.

Reviewer 3:
Dear Author(s)

Thank you for submitting this valuable case report.

Q 1- There are some typing errors that need to be corrected (e.g. king, ssoles and etc.).

ANS 1- It was done.

Q 2- Please explain more about the procedure. For example, fluoroscopic view and degree of obliquity that was used, the size of needle (length, gauge), patient's sedation, types of monitoring and so on.

ANS 2- It was done.

Q 3- Did you measure the temperature of both hands after procedure? Or only the patient experienced an increase temperature in his hand? What was the temperature difference between the two hands?

ANS 3- It was mentioned in my manuscript as follows in case presentation section; The patient experienced an increase in temperature of his right hand, and we observed congestion of the right hand. Temperature was not measured but observed by the patient accompanied by congestion. In this case report I intended to write this manuscript after patient coming to our hospital clinic after spasm occur with severe pain and severe congestion not from the start of doing my case. This severe spasm which was noticed provoked me to write this manuscript because it was the first time to occur after RF ablation in this case. I didn't want to tell you by any measurement to avoid fake data but only I tell you what happened exactly and truly.

Q 4- Did you perform a trial prognostic block with local anesthetic before RF ablation?
I did not understand exactly the cause of the flexor muscle spasm after the procedure. Is it possible that brachial plexus be involved during radiofrequency ablation?

ANS 4-

- *As regard diagnostic block it was done but missed during writing and was added in manuscript.*
- *As regard plexus brachial injury was not possible due to the following causes;*
- *Thermal radiofrequency ablation was not done before confirmation by sensory and motor test not to be involved.*
- *Dye injected to confirm correct position and also confirm that dye not migrated backwards towards somatic nerve roots of brachial plexus.*
- *We didn't use alcohol or phenol injection with the procedure to avoid migration to stellate ganglion or roots of brachial plexus.*
- *The patient directly after procedure didn't complain from muscle weakness or spasm.*
- *Although spasm of the right hand of the patient which occurred at 17 days after maneuver, it was to be relieved by sonar guided median nerve injection twice with three days apart between injection without permenant residual muscle paralysis.*
- *Limitation of my study short follow-up time three months only because the patient was missed during follow up and I expected that the patient become free of any complication.*

- *Radiofrequency ablation of T2 and T3 complained by brachial plexus injury was not mentioned in the literature but literature mentioned that radiofrequency ablation of T2 and T3 was used for pain management of complex regional pain syndrome after brachial plexus injury.*

Q 5-Please put the title of Figure 1 exactly below the figure.

ANS 5- It was done.

Q 6-It is recommended to use new and updated studies in the REFERENCES.

ANS 6- It was done.

Reviewer 4:
Application of Radiofrequency in variety of modes for treating problems other than pain, has its special attraction.
But this case report needs to essential correction to convert publishable version, as follows:
Q 1- It is not true to Claiming of "this study is the first investigation of RF therapy for treating of Hyperhidrosis".

ANS 1- This missed in writing in discussion and conclusion and was corrected as follows; as regard spasm, severe pain and severe congestion were the first time to be observed as complications. **This is the first clinical case report complicated by the development of a contraction of the flexor muscles of the right hand with severe pain and congestion. The spasm was relieved gradually by sonar-guided median nerve injection at the level of the wrist and also intended to assess the role of RF ablation with a success rate of 85 to 95%.**

Q 2- Case needs to be presented in details. Important points such as, anxiety level of patient, sweating at rest or activity, exact anatomical location of sweating, being bilateral or unilateral, long lasting of complaint and its frequency have been neglected.

ANS 2- I mentioned in my manuscript as follows in discussion section;

Patient satisfaction was 85% while in previous studies satisfaction was 73% in RF treated patients and 83% following surgical intervention [22]. This patient satisfaction reflect the following; (Anxiety level of the patient and sweating). As regard bilateral or unilateral was mentioned as follows in my manuscript in methodology section: RF ablation was performed on the right hand. We conducted the RF ablation in a sequenced method to avert bilateral pneumothorax and also was mentioned in discussion section as follows; In our case report, compensatory hyperhidrosis was absent, and a dry right hand was achieved after the procedure resulted in a decrease in hyperhidrosis by 25% on the left hand without any need for intervention in this hand, which indicated that the symptoms of the left hand had downgraded from severe to moderate hyperhidrosis. As regard *long-lasting of complaint and its frequency have been neglected. The answer was I can't leave the patient with severe spasm, severe pain, severe congestion and crying without any intervention and follow him for long period because this unethical and I can't expect what happen to him in the future if I left him without any intervention to relieve this complication and also no treatment previously described for this complication in literature but I made sonar guided median nerve block and observed what will be happened.*

Q 3- Lack of bilateral upper extremity temperature monitoring to evaluate exact effect of procedure.

ANS 3- It was mentioned in my manuscript as follows in case presentation section; The patient experienced an increase in temperature of his right hand and, we observed congestion of the right hand. Temperature was not measured but observed by the patient accompanied by congestion. In this case report I intended to write this manuscript after patient coming to our hospital clinic after spasm occur with severe pain and severe congestion not from the start of doing my case. This severe spasm which was noticed provoked me to write this manuscript because it was the first

time to occur after RF ablation in this case. I didn't want to tell you by any measurement to avoid fake data, but only I tell you what happened exactly and truly.

Q 4- Lack of application of objective way for sweating severity measurement.

ANS 4- It was mentioned in my manuscript as follows in case presentation section which was missed during writing; The primary outcome was presence/absence of hyperhidrosis events. We used the hyperhidrosis disease severity score (HDSS) which involves asking the patient to describe his sweating status pre and postoperative. A score of 1 or 2 was classified as mild or moderate hyperhidrosis and a score of 3 or 4 was classified as severe hyperhidrosis. A one-point decrease in the patient's sweating scale means 50% decrease in sweat production and 2-point decrease means 80% decrease in sweat production [22]. The secondary outcome included compensatory hyperhidrosis events, classified as follows: no compensatory hyperhidrosis, mild (sometimes sweaty and sometimes not sweaty), moderate (always aware but not troublesome, or troublesome but controlled by clothing), severe (causes embarrassment or regret over having undergone endoscopic thoracic sympathectomy) [23]. Other secondary outcomes included:, patient satisfaction (satisfied or not satisfied), and evaluation of hemodynamic parameters measured preoperative, intraoperatively, postoperatively, and other complications including pneumothorax, hematoma, ptosis, muscle weakness and muscle spasm.

Q 5- The references are old and need to be new.

ANS 5- New references were added.

Q 6- Considering to lack of fluency and full of redundancy, it is suggested to rewriting for better presentation.

ANS 6- It was done.

Associate Editor's Comments:

Associate Editor 1:
Dear Editor in Chief
Q 1-The reviewers' comments were mentioned as above. Also, consider below seven references:

Imani F. Using Pulsed Radiofrequency for Chronic Pain. Anesth Pain Med. 2012;1(3):155-6.

Sluijter ME, Imani F. Evolution and mode of action of pulsed radiofrequency. Anesth Pain Med. 2013;2(4):139-41.

Imani F, Gharaei H, Rezvani M. Pulsed Radiofrequency of Lumbar Dorsal Root Ganglion for Chronic Postamputation Phantom Pain. Anesth Pain Med. 2012;1(3): 194-7.

Marliana A, Setyopranoto I, Setyaningsih I, Rhatomy S. The Effect of Pulsed Radiofrequency on Radicular Pain in Lumbal Herniated Nucleus Pulposus: A Systematic Review and Meta-Analysis, Anesth Pain Med. 2021;11(2):e111420.

Arvaniti C, Madi AI, Kostopanagiotou G, Batistaki C. Can Pulsed Radiofrequency of the Occipital Nerves Cause Sedation? A New Perspective of Existing Knowledge. Anesth Pain Med. 2020;10(2). e96418.

Amighi D, Majedi H, Tafakhori A, Orandi A. The Efficacy of Sphenopalatine Ganglion Block and Radiofrequency Denervation in the Treatment of Cluster Headache: A Case Series. Anesth Pain Med. 2020;10(6):e104466.

Brasil LJ, Marroni N, Schemitt E, Colares J. Effects of Pulsed Radiofrequency on a Standard Model of Muscle Injury in Rats. Anesth Pain Med. 2020;10(1). e97372.

ANS 1- These references were included in my manuscript.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 20 May 2021

Dear AE,
This revised manuscript was reviewed, and necessary corrections were made
Sincerely

REFEREE: Associate Editor | **Revision** (1) — 20 May 2021

Dear EIC,
Fortunately, the author could correct all requested items, and based on reviewers' comments, this revised format is acceptable for publishing.
Regards

REFEREE: EIC | **Revision** (1) — 20 May 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.