A Discussion On Microwave Therapy for Bromhidrosis

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1. Letter to Editor

Microwave therapy is an effective alternative in the permanent treatment of axillary hyperhidrosis, which produced the highest satisfaction among treated patients. As there is not much literature relating to therapies to reduce bromhidrosis [1], we would like to present in this paper our own data on the usage of liquid chromatography-mass spectrometry (LC-MS) to evaluate the effect before and after the treatment of bromhidrosis in our practice. (Table 1) presents the data of chemical secretion of patients treated with microwave therapy for bilateral axillary bromhidrosis with the liquid chromatography-mass spectrometry technique [2]. The chemical secretion, 3M3SH-Cys-Gly, 3M2H-Gln and HMHA-Gln, in the sweat of bromhidrosis patients were monitored before and after the procedure.

The results showed a marked reduction in sweat secretion after microwave therapy. However, there is a disparity in the magnitude of reduction of secretion depending on the severity of hyperhidrosis. After treatment, the chemical reading on the side with the more severe case of bromhidrosis was reduced by 25-46%, whereas, on the side with a moderate case of bromhidrosis, by 63-75%. It is inferred that the side with stronger offensive odor might have thicker or more abundant glands. Since microwave energy is supplied only to the immediate area, this may indicate that microwave treatment is less efficient among patients who have a severe condition of bromhidrosis.

Axillary swelling and pitting edema were commonly observed following administration of microwave treatment, and the duration lasted up to 1-3 months long. Removal of apocrine glands and fluids were performed to determine the cause. The removed samples were placed in a household microwave oven at 2.45 GHz, 800W, for 20 seconds and found a marked swelling and expansion of 2-3 times the volume (Figure 1). This could explain the reason for the prolonged swelling and edema, which usually persists beyond 1 week.

Microwave therapy is used to treat hepatocellular carcinoma and prostate hyperplasia leading to coagulative necrosis in cells [3, 4]. Histologically, coagulative necrosis is also seen in microwaved apocrine glands (Figure 2). We consider microwave therapy can potentially be useful to treat bromhidrosis, but with a risk of relapse in 2-3 months’ time due to regrowth of the apocrine glands. Further studies in the usage of microwave therapy would increase the field of knowledge in this procedure.

Figure 1: Apocrine glands illustrated immediately after home microwave oven at 2.45 GHz, 800W, for 20 seconds
Figure 2: Coagulative necrosis found in microwaved apocrine cells.

<table>
<thead>
<tr>
<th>Date</th>
<th>Molecule</th>
<th>3M3SH-Cys-Gly (cps)</th>
<th>3M2H-Gln(cps)</th>
<th>HMHA-Gln(cps)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before tx</td>
<td>Left</td>
<td>5808.93</td>
<td>9119.25</td>
<td>76308.26</td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td>2193.30</td>
<td>4282.07</td>
<td>37381.77</td>
</tr>
<tr>
<td>3 months after tx</td>
<td>Left</td>
<td>4332.08</td>
<td>5360.13</td>
<td>41248.45</td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td>791.27</td>
<td>1258.13</td>
<td>9718.23</td>
</tr>
<tr>
<td>Molecular reduction</td>
<td>Left</td>
<td>25.42%</td>
<td>41.22%↓↓</td>
<td>45.94%↓↓</td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td>63.92%</td>
<td>70.61%↓</td>
<td>75.44%</td>
</tr>
</tbody>
</table>

(cps) counts per second

References


