

## **PS1.101**

### **Differential diagnosis of patients with important hyperhidrosis**

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**Background and Aim:** When a patient consults in primary care because of excessive sweating, we should do a thorough differential diagnosis about what causes may produce it. Most often they are banal causes but we can not ignore diagnoses that can risk patient's life. That is the reason we want to clarify the differential diagnosis of hyperhidrosis.

**Methods:** 80 year old woman with diabetes, present excessive sweating in the last 5 month, and also chills without fever and numbness in upper limbs. Hyperhidrosis is generalized, more intense in the back, daily and spontaneous. The examination revealed a loss of feeling in the upper limbs being the rest normal. We order a complete analysis with blood count, biochemistry with muscle enzymes (CPK), coagulation, serology (HIV, HBV, HCV and anti T. pallidum Ac), hormones (TSH), urine and a lumbar puncture. We also solicited a Thorax radiography, a TAC thoraco-abdomino-pelvic an electromyography and a Cranial and spinal MRI.

**Results:** All tests were inconclusive or negative except for HbA1C of 7.5%. We also rule out medication and other possible causes of secondary hyperhidrosis. After that, a dysautonomia by diabetes mellitus was diagnosed.

**Conclusions:** In diabetic patient with hyperhidrosis one of the main causes is diabetic dysautonomia. Diabetic dysautonomia refers to an abnormality of function of the autonomic nervous system that is present in 16-21% of diabetic patients, and the symptoms of autonomic dysfunction are usually under-diagnosed owing to its variability, lack of specificity and the wide range of symptoms (the cardiovascular, digestive, genitourinary and thermoregulatory systems and poor quality of life). It is important to recognise this entity because of its effects on increasing morbidity and mortality, although they can be reduced by means of a strict glycemic control and specific treatment.