

Facial Blushing

Patient Selection and Long-Term Results

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KEYWORDS

• Facial blushing • ETS • Sympathectomy • Social phobia

KEY POINTS

- Facial blushing may have a severe negative impact on the quality of life.
- The first line of treatment should be psychological and/or pharmacologic.
- If nonsurgical treatments fail, upper thoracic sympathetic denervation may yield rewarding results.
- Side effects (mainly severe sweating on the trunk of the body) of surgical treatment may be severe and cause the patient to regret the procedure.
- Patient satisfaction with the outcome of surgery decreases over time.

INTRODUCTION

Redness of the face may have many underlying causes.¹ This article deals only with the type of rapid onset facial blushing triggered by psychological stimuli. It typically peaks within seconds and subsides within minutes when the triggering event has passed. Blushing under certain circumstances is quite normal, and is mediated by increased sympathetic nervous signaling causing cutaneous vasodilatation.² Charles Darwin in 1872 described facial blushing “as the most peculiar and the most human of all expressions of emotions” and that it is “the thinking about what other people think of us which excites a blush.”³

Facial blushing in embarrassing situations is present in all cultures.⁴ It has also been shown that blushing has a remedial value (sympathy, trustworthiness) in people watching actors who blush by mishaps and transgression.⁵ Blushing is thus an adequate social signal; however, when very easily triggered and severe, it may cause avoidance of social interaction and have severe and negative impact on the quality of daily life.⁶

It is unclear why some individuals live in fear of blushing, which may dominate their social life, whereas others regard it as a minor nuisance, not requiring any treatment, and some disregard it completely.

Facial blushing is often present in social anxiety disorders (SAD) and regarded as the hallmark of embarrassment.⁷ Facial blushing has also been described as a specific symptom of social phobia not associated with other forms of anxiety disorders.⁴ SAD patients with blushing seem to be a distinct subgroup compared with those without a blushing problem.⁸ It is unclear whether SAD with blushing is a primary SAD subtype or a secondary SAD owing to blushing.⁹ The prevalence of blushing is unknown, but around 50% of patients with social phobia blush frequently.¹⁰ Social phobia is a common psychiatric disorder with prevalence rates of around 10%.^{11,12}

The first report on sympathetic ablation for facial blushing appeared in 1985.¹³ These authors' experience with treating facial blushing started in the early 1990s when several patients who had

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undergone endoscopic thoracic sympathetic (ETS) denervation for palmar hyperhidrosis reported great satisfaction of being rid of their facial blushing as well as their sweating. We then started to offer ETS to patients with social anxiety and facial blushing as a dominant symptom in cooperation with a psychiatrist specialized in social phobia treatment. We were warned initially by the psychiatrist that the social phobia might persist and focus be turned from facial redness to some other symptom. This was, however, not the case and the early excellent results were reported in the first comprehensive study of surgical treatment for facial blushing.⁶ Previous reports had consisted of small series, which superficially reported "positive" results in a majority of patients.¹³⁻¹⁵

For obvious reasons, people with social phobia and facial blushing do not readily demand treatment, because this would provoke their very problem. Instead, most patients have developed an avoidance behavior to situations likely to trigger their blushing. This often means that they exclude themselves not only from social interactions, but also from professions that they otherwise would prefer. When they finally decide to seek professional advice, they are often met by doctors who are unaware of the impact of severe facial blushing on the quality of life, and trivialization is common. Many patients have been addressed with expressions like "it is cute to blush," "you will get used to it," or "do not bother about it" by medical professionals. By not treating these patients' concerns seriously, doctors inflict further trauma to an already fragile patient population.

NONSURGICAL TREATMENT

Nonsurgical treatment should be the first line of treatment. Selective serotonin reuptake inhibitors have beneficial effects, reducing facial blushing and social phobia.¹⁶⁻¹⁸ Beta-receptor blockers may reduce blushing, but scientific support is lacking.¹⁹ An experimental study supported that topical ibuprofen gel application may reduce facial reddening in provoked embarrassment and aerobic exercise, but further research is required before any clinical recommendation can be made.²⁰

Psychological treatment such as cognitive-behavioral therapy has been used extensively with good results in social phobia, although few studies have addressed the blushing phenomenon specifically.¹⁸ Psychological treatments are usually considered time consuming, but even a weekend therapy with attention training and behavioral therapy have beneficial effects on the fear of blushing.²¹

SURGICAL TREATMENT AND PATIENT SELECTION

Before selecting patients for surgery, the surgeon should be selected. Adequate experience in thoracoscopy and the capacity to deal with intraoperative complications is mandatory. Previous pleural disease or thoracotomy may cause adhesions precluding endoscopic access to the upper thoracic sympathetic chain. Although there is no consensus on the extent and level of sympathetic ablation, most surgeons include the level of the second rib, so access to the upper part of the thoracic cavity is required.²²

The authors believe that patient selection is a misnomer and that the surgeon should guide the patient to an informed and wise selection of treatment by thorough disclosure of all the pros and cons of ETS. Efforts should be made to ensure that the patient have realistic expectations of the beneficial effects of surgery. Even if the facial blushing is abolished, it often takes time to alter a social avoidance behavior and sometimes further psychological counseling is required.

The facial blushing should have a severe impact on the quality of daily life. The social fear should be linked overwhelmingly to their blushing. The only kind of blushing that responds very well to ETS is the facial, rapid onset type that appears within seconds and is associated with profound feelings of embarrassment and an intense urge to flee from the situation that triggered it. In our experience, ETS works poorly on more slowly emerging facial redness as well as on upper chest and neck blushing. We have had several patients with a mixture of blushing types reporting excellent effect on the rapid onset and poor or no effect on the other types of blushing. Pharmacologic and psychological treatment regimens should fail before surgical treatment options are considered. Thorough disclosure of complications and side effects are mandatory, especially the risk of severe compensatory sweating and regret of the procedure. Age has been reported as a predictor of satisfaction; younger patients were more satisfied than older.²³ We could not confirm this effect, because age was not correlated with the effect of surgery or overall satisfaction.²⁴ Regarding side effects, men suffered more from compensatory sweating than women and the impact of compensatory sweating on daily living decreased significantly with age.²⁴ Overall satisfaction rates reflects a combination of the effects and side effects of surgery where women are more satisfied than men.²⁴ The authors believe that patients should be encouraged to search the Internet for

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