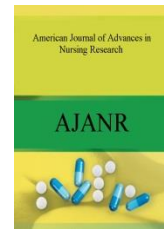




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## PILONIDAL SINUS DISEASE: AN OVERVIEW

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### ABSTRACT

Pilonidal sinus disease is a condition which can occur in many parts of the body but most common is the natal cleft or intergluteal region. This condition can be painful, suppurative and infective. This requires different treatment approaches as far as its clinical presentation is concerned. This condition can be associated with multiple risk factors. The management is usually surgical and it requires extensive wound care post operatively.

### INTRODUCTION

#### The Incidence and Process of Occurrence

Pilonidal sinus disease (PSD) is particularly seen in males between puberty and 40 years. Males with a deep natal or intergluteal cleft and coarse body hair are most commonly affected. A study conducted by a Turkish soldier, out of 58 of 88 persons (65.9%) with PSD were vehicle drivers. A Norwegian study Stated that 70.9% subjects of pilonidal disease documented longer driving durations and with a sedentary job and lifestyle. PSD was nicknamed Jeep Driver disease during world war II. The risk factors for the development of PSD can be obesity, family history, smoking, extensive body hair, stiff hair, poor hygiene (fewer than 3 baths a week), and an anatomically deep natal cleft (NC). People with excessive body hair and those who sit for more than 6 hours, and bath 2 or lesser times in a week are at increased risk of sacrococcygeal pilonidal disease. A study conducted in the year 1992 stated 3 factors responsible for the insertion process of hair leading to the development of pilonidal sinus disease. The factors are, "HFV", i.e. (a). hair insertion, (b) force by which hair is inserted, depending on the angle of natal cleft and (c). skin's vulnerability to

permit or repel the invasive process. An unclean, moist deep natal cleft is more prone for the hair invasion process. [1].

#### Manifestations

The PSD can be having asymptomatic to symptomatic presentation.

The asymptomatic phase has small dimple or swelling with or without pain. This phase shall be managed with physical observation, laser depilation and maintenance of hygiene. Antibiotics or painkillers may be required.

The symptomatic phase is further categorized into acute, chronic and recurrent phases. The acute phase presents with pain and swelling. There may or may not be purulent discharge, cellulitis and increased body temperature. This phase is managed with antibiotics, analgesics and surgery. The chronic phase presents with pain, discharge, fistula, single or multiple sinus, oedema and inflammation with or without abscess formation. This phase is managed with analgesics, depilation, hygiene and physical observation. Antibiotics may be required.

The recurrent phase presents with pain, discharge, infection and abscess. This phase is managed with antibiotics, painkillers and surgery. [2]

The surgeries which can be performed are simple cystectomy open technique, karydakis flap, Bascom

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Review Article



procedure/cleft closure, limberg flap, z-plasty and Y-V plasty. [1]

A study conducted by Leila sadati et.al. examining the effectiveness of traditional, standard and modified methods of dressings on wound of pilonidal sinus surgery. The modified method was in which the wounds were dressed through the standard method recommended for alginate, hydrocolloid, and hydrogel compounds. For the second group Vaseline gauze was applied instead of the transparent hydrocolloid dressing. For the third group the dressing change was performed

through daily cleaning and filling the cavity with sterile gauze.

The standard choice of treatment is excision which is having a very low recurrence rate but wound management needs efforts. The final evaluation of the results of treatment is still pending in pit picking, fistuloscopy and other forms of treatment, such as phenol injection. The third treatment group is excision and plastic reconstruction which have good results in the long term although they are demanding technically. [4]

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