

CASE REPORT

A Rare Condition of Pilonidal Sinus Disease: 5th Recurrence

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ABSTRACT

Pilonidal sinus is a benign disease that proceeds with abscess formation, recurrences and painful conditions. Many surgical techniques have been described in its treatment, but the ideal technique has yet to be clarified. A 27-year-old male presented with a 5th recurrence of pilonidal disease. In the postoperative period, we stressed to the patient the importance of meticulous personal hygiene in the sacrococcygeal area.

Key words: Pilonidal sinus, Sacrococcygeal region

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ÖZET

Pilonidal Sinüs Hastalığının Nadir bir Durumu: 5. Nüks

Pilonidal sinüs benign bir hastalık olsa dahi apse gelişimi, nüksler ve ağrılı durumlarla seyreder. Bu hastalığın tedavisi için birçok teknik tanımlansa da ideal olan hala belirtilmemiştir. Burada 27 yaşında pilonidal sinüs hastalığı nedeniyle 5. nüksü olan olgu sunulmuştur. Pilonidal sinüs hastalığı tedavisinde birçok seçenek olsa dahi ideal teknik hastalığın durumuna göre planlanmalıdır. Ameliyat sonrası dönemde de tekrarlama olasılığını azaltmada müdahale edilen bölgenin hijyenin önemli olduğu hastaya belirtilmelidir.

Anahtar kelimeler: Pilonidal sinüs, Sakrokoksigeal bölge

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INTRODUCTION

Although pilonidal sinus is a benign disease, it proceeds with abscess formation, recurrences and painful conditions (1). It is a serious state due to both its effect on the patient's psychological status as well as the lack of experience among physicians in its treatment. While many surgical techniques have been described for its treatment, no particular method has been universally accepted as optimal. We present herein an interesting case of pilonidal disease that was consulted for recurrences. This case is notable with respect to the variety of techniques that were applied for treatment.

CASE REPORT

A 27-year-old male was admitted to the general surgery outpatient clinic with recurrent pilonidal disease. According to his history, this was the fifth recurrence of the disease, which had begun seven years before. Different surgical methods had been applied. The first and second operations were both excision-primary closure; the third operation was excision (open method). There were intervals of approximately 12-18 months between the first three operations. One year following the third operation, he underwent a flap reconstruction. Thirteen months had passed since the last operation when he admitted to our outpatient clinic for recurrence of pilonidal disease. On his physical examination, the lesion was localized to the midline through the incision scar. There were incisional scars on his sacrococcygeal region, and his personal hygiene was poor (Figure 1). Surgery was planned. It was decided to make a large excision through the site of recurrence. We applied a flap



Figure 1. Recurrence of pilonidal sinus disease.

reconstruction with suction drain (Figure 2). He was discharged after 10 days without complication. The pathology of the excision material was reported as pilonidal sinus disease.

DISCUSSION

Pilonidal sinus disease is a benign and common condition. It is usually seen in young adults (2). Various complications may occur, including abscess, recurrence and malignant transformation. The most common is recurrence, as in our case, which can be problematic. From the patient's perspective, his psychological state was consistently pessimistic, since he was isolated from a social life because of leakage from the recurrent lesion. From the operator's perspective, surgery of the recurrent disease is usually difficult, and few physicians are experienced with its treatment. The treatment period is prolonged, leading to an increase in the cost of therapy.

Various techniques are applied currently in the treatment of pilonidal sinus disease (3). Nevertheless, optimal treatment methods for each condition of pilonidal disease have yet to be clarified. In our case, three different methods were applied, but none was particularly effective. We believe that total excision was not applied in all the procedures, and furthermore, in the fourth operation, the flap technique was not performed properly. We also applied the flap procedure as the fifth attempt. During the operation, we wanted to obtain a frozen section of the material. The surgical borders were at least 2 cm from the lesion. The flaps were prepared effectively for the wound. There was no strength between the sides of the flaps, and no infection was seen.



Figure 2. Postoperative view.

Personal hygiene is another important issue in the recurrent disease (4). The patient conveyed that he had not been informed about the importance of personal hygiene after the previous operations. He was informed to not let hair growth occur for at least 12 months and to give special attention to maintaining good hygiene. He has complied with the advice about personal hygiene. He has been under follow-up for 28 months, and there has been no recurrence in that period.

In conclusion, pilonidal sinus disease is a problematic condition with respect to treatment. The ideal surgical technique for the treatment remains to be clarified. We believe that the technique should be selected considering the patient's condition. In the post-operative period, the patient must be advised regarding the importance of meticulous personal hygiene of the sacrococcygeal area.

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