

PILONIDAL SINUS DISEASE

Written By:

David B. Rosenfeld, M.D., F.A.C.S., F.A.S.C.R.S.

2650 Jones Way #25

Simi Valley, CA 93065

Office (805) 579-8972 Fax (805) 579-9784

PILONIDAL CYST ANATOMY AND PHYSIOLOGY:

Pilonidal disease affects men more than women. A pilonidal sinus is a cavity filled with hair follicles which becomes infected. The hair follicle is typically located in the skin at the area of the tailbone. There are many theories as to how the hair fills the sinus. One theory is that the sinus tract is congenital from birth. The theory is that the skin in this area does not mature correctly due to an enfolding of the outermost layer of the skin. The hair follicles are trapped within the enfolding and grow into the sinus. This theory is not as accepted as in the past. The more accepted theory is that this disease is acquired. It was noticed in World War II that this area is subject to trauma leading to pilonidal abscesses. During this war, 79,000 young male soldiers, most of whom drove jeeps developed this disease. For this reason it was called "jeeps disease". The thought is that the hair of the skin over the tailbone become lodged into the midline skin, possibly due to trauma. The shear forces of the buttock muscles from sitting and bending lead to a suction effect pulling more hair into the cavity. Pilonidal cysts are asymptomatic until they become infected leading to pain and sometimes spontaneous drainage

SYMPTOMS:

- Pain
- Swelling
- Redness around the swollen area
- Spontaneous drainage of the abscess
- Chronic drainage from a secondary opening in the skin

DIFFERENTIAL DIAGNOSIS (CONDITIONS THAT CAUSE THE SAME SYMPTOMS):

- Fistula-in-ano
- Furuncle (deep hair infection)
- Hidradenitis Suppurativa

TREATMENT OF PILONIDAL CYSTS

Surgical Treatment

- *Office Procedures*
 - Incision and drainage of the abscess: In the acute abscess phase this is the first line of therapy. This will not cure the disease but will remove the infection making the definitive surgery easier to perform. If the abscess is too big the incision and drainage may need to be performed as an outpatient.

- Out Patient surgery
 - Excising the sinus and unroofing any sinus tracts. The deep wound will be brought together to decrease the depth of the cavity. The wound is left open and will need to be packed two times a day for 6-8 weeks. Wound care is the most important part of healing and someone is necessary to change the dressing.
 - Sometimes a deep tissue flap is necessary to heal the area. I usually reserve this type of surgery for a recurrence.

I _____ received this information sheet on fistula and treatment.

Signature

Date

References