



Pilonidal Disease

1. DEFINITION

A chronic sinus in the sacro-coccygeal region

2. PATHOLOGY

Multiple sinuses in the natal cleft leading to an underlying cystic cavity which may have further extensions. The cyst contains hair, sebaceous material, septic debris and secretions. Abscesses may occur.

3. AETIOLOGY

Congenital and acquired factors pertain. Commonly related to longstanding irritation and infection in the sacro-coccygeal region with entrapment of hair and secretions.

4. CLINICAL

Frequently asymptomatic for years until acute infections occur, presenting with pain, induration and discharge. May develop abscesses.

5. COMPLICATIONS

1. Abscess formation with cellulitis and septicaemia
2. Progression of the disease with the development of multiple extensions and further sinuses to the skin on the buttocks laterally and superiorly overlying the spine.
3. Involvement of the anal sphincters and canal, presenting with fistulae. Rarely, malignant transformation.

6. TREATMENT

Drainage of sepsis and the total excision of the pathology. Primary closure of the wound may be achieved in lesser sinuses. A “flap repair” of the wound may be appropriate to reduce tension on the closure. The Kariadakis flap repair decentralises the wound away from the natal cleft, in theory, reducing the risk of recurrent disease.

7. POST-OPERATIVE COURSE

- Limited activities for three to four weeks.
- Longterm attention to hygiene.
- Shaving depilation alongside the scar.
- 15 to 20% risk of recurrent disease. This may be “minimal” only and managed by a limited local excision.
- A small percentage of patients are never cured of the disease.

Dr Curren has personally attended to 2000 patients with pilonidal disease.