A Case Study of Umbilical Pilonidal Sinus - Conservative Vs Surgical Approach

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I. Introduction

• A Pilonidal Sinus is a blind end tract lined with granulation tissue which leads to a cystic cavity lined with epithelial tissue.
• Pilus = Hair & Nidus = Nest
• It is basically a hair containing cavity presenting either as non healing and discharging sinus or recurrent abscess formation.
• Commonest site – sacrococcygeal area.
• Unusual sites – umbilicus, interdigital clefts in barbers, axilla, pre sternal area, clitoris and mons pubis, shaft of penis, nipple, ear lobe.
• It is an acquired disease caused by hair penetrating the skin resulting in a foreign body reaction, forming small cavities or pits, which go on to become sinuses lined with granulation tissue.
• Bacteria and debris enter this sterile area, producing local inflammation and formation of pus filled abscess.
• In chronic conditions, the sinus become an open cavity, constantly draining small amounts of fluid.

II. Aim of the Study

• To study the efficacy of surgery over conservative approach in umbilical pilonidal sinus and to describe a simple surgical technique for treatment and prevention of recurrent disease.

III. Patients & Methods

5 cases of umbilical pilonidal sinuses were treated at our hospital during 2 year period of June 2017 to June 2019. Patients comprised of both sexes with age ranging from 20 - 50 years. All patients were symptomatic & duration of symptoms ranges from several days to years. Patients were initially treated conservatively with antibiotics & local hygienic measures; patients were operated only after failure of conservative treatment.

Surgical Technique

• Transverse incision 2 cm below the umbilicus through subcutaneous fat towards the anterior sheath of rectus abdominis is given.
• Dissection of subcutaneous tissue around the umbilicus and its deep connection to pre-peritoneal fat through the linea alba.
• Excision of umbilical complex involving sinus tract is done. Closure of umbilicus with subdermal interrupted absorbable sutures.
• Wound is closed in layers. The specimen including umbilical complex (skin and subcutaneous tissue) is sent for HPE.

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IV. Results
• Minor complications were encountered like mild peri incisional hyperemia of skin, seroma and serosanguinous discharge from surgical site which were treated conservatively at our OPD.
• Recurrence was not noted after surgical management.
• All patients were satisfied with the cosmetic results of the procedure.

V. Discussion
• Umbilical pilonidal sinus is a rare disease compared to sacro-coccygeal pilonidal sinus. Incidence is 0.6%, as reported by Goodall et al.
• Contributory factors: Obesity, Male Gender, tight clothing, poor personal hygiene.
• Various methods of treatment: Simple hygienic measures along with antibiotics, hair removal and keeping umbilicus dry, Radical excision of Umbilicus and wound closure by secondary intention.
• D/D: Urachal Cyst can mimic umbilical pilonidal sinus as documented by Abdul Wahad et al.
• Umbilical pilonidal sinus is an acquired disease caused by hair penetrating skin, causing a foreign body reaction and development of a sinus lined by granulation tissue.
• Treatment is usually surgical. Sroujieh and Dawoud recommended umbilical excision and wound closure with secondary intention, the subsequent scar resembles a normal umbilicus. A hospital stay longer than 4 days may be necessary.

VI. Conclusion
• The surgical technique proposed is simple, cost effective and prevents recurrence.
• Surgery is preferred over conservative approach because Umbilical pilonidal sinus usually tends to recur after conservative management.

References