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Review on the surgical management of pilonidal sinus

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I. Introduction

A pilonidal Sinus is a Sinus tract Which Commonly Contains hairs a it is acquired rather than a Congenital disorder patient Complains of intermittent pain, swelling and bloody discharged at the base of spine, with or without mild constitutional symptoms. patient complaining of discomfort with sitting on tailbone during sitting or during riding vehicles.Its incidence commonly seen in long route drivers.

In mild case treatment includes antibiotic therapy hot compression and application of depilatory cream but the more common course of treatment is surgical because of its chronicity. Pilonidal sinus is easily diagnosed by the typical location of the midline pits behind the anus overlying the sacrum and coccyx. Most sinuses are directed cephalic and lateral opening are characteristic if previous episodes of sepsis have occurred.

II. Material And Methods

Thirty cases of pilondal sinus diagnosed on clinical basis admitted in out patient department (OPD) and surgical emergency in different units of NMCH, patna from february , 15 to february ,17

OBSERVATION
At the time of study management of 30 cases of pilonidal sinus admitted in surgical units of NMCH, Patna done.

AGE AND SEX INCIDENCE
It is rare in children and in people over the age of 40.A sedentary habit overweight or obese family history, hairy, deep natal cleft was common association.

SEX	NO. OF CASES	PERCENTAGE (%)
Male	25	83
Female	5	17

It is five times more common in men than in women as they are hairier than women
MANAGEMENT (TOTAL 30 CASES)

Before surgical management could be started,someform of counseling was necessary to explain the Importance of washing the area regularly and to teach how to shave the area
Only three types of commonly performed procedure studied

Wide excision and healing by secondary inteslon	21cases
Excision and primary closure	6 cases
Excision and closure by plastic technique like Z-Plasty	3 casrs

Routine investigation were done to all patients like CBC, blood urea, serum creatinine, blood sugar, Blood grouping and viral markers etc.

III. Discussion

Once the patients come in emergency presenting with pilonoidal abscess, as a tender swelling just lateral to the midline over the sacrum, sometime pus was extruding from swelling. Incision and drainage of swelling was done as emergency treatment, after that elective treatment followed.

In majority of cases (21 cases) excision of sinus tract alongwith cutting out wide margin of skin which surrounds the sinus and wound was allowed to heal by secondary intension, the wound left widely open and wound packed with EC solution soaked guaze. The pack removed in 2 days. After initial pack removal only flat

dressing done. Healing time was approximately four to five weeks, but patients was discharged from the hospital three to four days later. Patients was instructed for daily bath and only simple dressing required. All the cases had good healing.

In six cases, elliptical shape cutting of tissue along with sinus done, the two sides of margin stitched (Primary Closure), taking care that there was no dead space, small corrugated drain given in all cases, this method provided rapid cure.

In three cases where primary excision site never healed or in recurrent cases wide excision and Z-plasty using flaps done.

IV. Conclusion

Most patients came to treatment for suppuration related to sinus and abscess formation which discharge spontaneously or may be opened. After that infection becomes clean patients become asymptomatic but few patients discharge continuously or recurrent abscess formation.

Definite surgical treatment is required when infective episode recurs or when discharge shows no sign of clearing up. Although various conservative procedure are available but the most effective one is complete excision of sinus tract and healing by secondary intension. It is time consuming takes about 4 to 6 weeks but the healing is complete, rarely recurrence is seen. It is the best procedure for those cases in which there is even slightest amount of infection is presents.

Excision and primary closure gives excellent result, healing time is less but there becomes very painful and causes considerable morbidity, their closure becomes difficult. Some plastic reconstruction is mandatory. However Z-plasty may be used during primary excision but it technically demanding and hospital stay is prolonged.

After the operation patients is advised to keep the area free from growing hair by regular shaving or other means hair removal.

References

[1]. NHS Choices for pilonidal sinus treatment
[2]. Sternberg, Jeffrey. “what is pilonidal diseas”. Retrived November 14, 2014
[3]. “Pilonidal Cyst: Cauese”. Mayo Clinic. December 5, 2012. Retrived February 8, 2013.
[4]. Bascom, John: Bascon, Thomas (October 2002) “Failed Pilonidal Surgery”. Archives of Surgery.
[5]. 137 (10): 1146-50. Doi:10.1001/archsurg. 137.10.1146. PMID 12361421.
[6]. Coloy, Emilie Palmgren; Bertelsen, Claus Anders (2011-12-01). “Short convalescence and
[7]. Minimal pain after out-Patient Bascom’s pit-pick operation”. Danish Medical Bulletin. 58 (12):
[8]. A4348. ISSN 1603-9629. PMID 22142576.
[9]. Elsey E, Lund JN (2013). “Fibrin glue treatment for pilonidal sinus: high patient satisfaction and rapid return to normal activities:. Techniques in coloproctology. 17(1): 101-104, doi:10.1007/S 10151-012-0956-9.

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