

Case Report

Pilonidal Sinus over the Sternum

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Pilonidal sinus is commonly seen between the buttocks. Other sites like umbilicus, neck, axilla and penis have been described in the literature. We report a case of pilonidal sinus over the chest which was successfully managed with excision of the sinus and primary closure of wound.

Key words: Pilonidal disease, sinus

Pilonidal sinus is a chronic infection that contains hair and is usually found between the buttocks. Pilonidal disease may be encountered at all ages and both sexes. However, the incidence is much greater in males the ratio of male to female being four to one. Majority of cases of pilonidal sinus occurs between the ages of 20 and 30 years. Most patients are exceptionally hairy and usually obese.

We report a case of pilonidal sinus on chest wall, which was successfully managed with excision of the sinus and primary closure of the wound

Case report

A young female of 22 years presented in Outpatient Department of Mayo Hospital with discharging sinus on upper part of sternum after trauma for the last 10 years which never healed despite treatment by local doctors. Patient was obese but not hairy. On local examination there was 1x1cm discharging sinus with hair protruding out. Sinus track was indurated. She was diagnosed as a case of pilonidal sinus over sternum. Excision of sinus with primary closure was done under local anaesthesia. Recovery was uneventful. Biopsy showed presence of hair in sinus track and inflammation which was consistent with clinical diagnosis

Discussion

Pilonidal disease is an acquired subcutaneous infection. The most common site for the pilonidal disease is natal cleft. Involvement of interdigital skin of hand with pilonidal disease is seen as an occupational disease of male barbers, customer's hair, penetrate the interdigital web and produce a sinus¹. Umbilicus and axilla are other site for disease². Friction or suction as well as maceration seem to be the most probable cause of pilonidal sinus of axilla³.

Rare sites are penis⁴, perianal region and neck⁵ – a case report.

Pilonidal sinus over the sternum has never been described in the literature. Trauma might be a cause in our case report, hair driven into the deeper layers resulting in chronic inflammation and sinus formation.

Many treatment modalities have been advocated for pilonidal disease but the treatment of choice is surgical excision. There is general agreement that extirpation should be complete but without unnecessary sacrifice of surrounding soft tissues and particularly of the overlying skin. When there has been no recent infection, it may be justifiable to suture the wound in an attempt to obtain healing by first intention. The mean healing time is significantly shorter in excision and closure grouping (10.3 days) as compared to excision and granulation group (13 weeks).

References

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