

Pilonidal Disease: A Conservative Approach to the Problem

Y RAFI T M D BUTT H A REHMAN K RAFIQ A MAJEED CHAUDHRY

Department of Surgery, Mayo Hospital/King Edward Medical College, Lahore
Correspondence to Dr. Yaseen Rafi, Registrar Surgery.

Conservative management of pilonidal disease was conducted on 22 selected cases. Young adults between 17 to 38 years were more commonly affected. Seven patients presented with acute abscess. Failure was seen in only one patient (14%). Fifteen patients presented with chronic pilonidal disease. Failure was seen in three (20%) patients. Duration of treatment was 3 to 8 weeks. Conservative treatment of pilonidal disease is simple, safe and effective if the patient can pay price for prolong duration of treatment.

Key words. Pilonidal sinus, conservative management

The word pilonidal is of Greek derivation. It means a nest of hairs. It is usually found in hirsute people in the cleft between the buttocks. Also in the interdigital clefts of barbers, at the umbilicus and in the inguinoscrotal region. Most pilonidal sinuses resolve with treatment by 40 years of age irrespective of the method of treatment. This gives confidence to the surgeons that their method of treatment is adequate and there is no compelling need to change.

Over the past 25 years many treatments have been advocated for pilonidal sinus but no consensus has emerged. However, the ideal treatment of pilonidal sinus should provide a high chance of cure with low recurrence rate and should provide minimal hospital stay. Surgeons of today are inclined in favour of excision of pilonidal sinus. With primary closure over suction drain or leave the wound open and allow it to heal by secondary granulation.

But in a number of patients conservative trial can be given especially if patient is not willing for surgery. In this study results of conservative management has been analysed.

Patients and methods

This study was conducted on 22 patients in the Department of Surgery, Mayo Hospital, Lahore. Females and very obese patients were excluded from the study. Patients who were minimally affected by pilonidal disease were recommended conservative management, which included (a) meticulous hair control by natal cleft shaving (b) improved perineal hygiene (c) avoid long sitting e.g. driving a car if possible (d) curettage of the track at weekly interval if required on outpatient basis (e) antiseptic dressing.

Those patients presenting with acute phase (acute inflammation, cellulitis and abscess formation) were treated with antibiotics, incision and drainage of abscess with curettage of the track under local anaesthesia. The knife blade was advanced through the fat towards the midline until pus appeared. The abscess cavity was not packed, instead 1cm button of skin was cut away from lateral edge of the incision. This prevented premature resealing and was less painful than packing.

Results

All patients were males as females were not included in the study to avoid inconvenience of repeated exposure. Patients were between the ages of 17-38 years (mean age 25 years). Sixteen patients were exceptionally hairy (72%). There were 10 obese patients (45.4%). Seven patients (32%) presented with acute pilonidal abscess. Duration of treatment ranged between 3-6 weeks (mean 4.4 weeks). Fifteen patients (68%) presented with chronic pilonidal disease. Duration of treatment was between 4-8 weeks (mean 5.2 weeks).

Table 1. Results of treatment of acute and chronic pilonidal disease

	Acute abscess	Chronic sinus
Number	7	15
Duration of treatment	3-6 weeks (mean 4.4 weeks)	4-8 weeks (mean 5.2 weeks)
Failure/recurrence	1(14%)	3(20%)

Failure/recurrence of disease was seen in one out of seven patients (14%). Presented with acute abscess. Similarly failure of treatment was seen in 3 out of 15 (20%) of patients presented with chronic disease

Discussion

As the thinking concerning the cause of pilonidal disease has gradually shifted to its being an acquired lesion rather than a congenital abnormality. The treatment of pilonidal disease has progressively become less invasive and less aggressive. Before recommending surgical treatment for pilonidal disease, one must make a careful assessment of the impact of the pilonidal disease on the specific patient and his or her lifestyle. In fact, some patients are minimally affected by disease, and it may be well in the interest of the patient to recommend conservative management rather than surgical intervention. Conservative therapy effectively control pilonidal disease in non-operative outpatient setting². Simple incision and drainage results in healing of 58% of patients within 8 weeks³. Once healing has occurred, 40% of patients will have no further symptoms and 20% will experience only

minor symptoms. However, 40% of patients treated by incision and drainage for acute pilonidal abscess will develop a pilonidal sinus requiring further treatment⁴. Lord and Millar have described an outpatient treatment where affected midline epithelial follicles are cored out under local anaesthesia and hairs within the remaining track are removed by passing a small brush along the track⁵. Brushing of the track is repeated at weekly intervals until the track closes.

Healing takes on average 35 days. Advantages of this technique are minimal surgery, small wounds and it can be done on an outpatient basis. Other studies of track debridement have shown a mean healing time of 21-52 days and a failure rate of 3-24%^{6,7,8,9,10}. (Table 2).

Table 2. Mean healing time and combined recurrence/failure following track debridement.

Authors	n=	Mean time of healing (days)	Recurrence / failure
Lord and Millar (1965)	33	<35	3
Dorton (1970)	31	-	3
Edwards (1977)	120	52	24
Bascom (1980)	50	21	8
Kobel and Marti (1988)	366	-	9.5

Phenol treatment of pilonidal sinus is advocated by many. The objective of this treatment is to destroy the epithelial cell lining of the sinus by means of chemical action of phenol, thereby producing obliteration of the sinus tract. However, phenol injection is followed by transient reddening as a result of local inflammation and about 10% patients develop an abscess which needs operative treatment¹⁰.

While incision and drainage of the abscess has long been standard therapy, recurrence rates range from 40-

54%¹¹. Innumerable techniques have been advocated for the treatment of chronic pilonidal disease. Conservative treatment is simple, safe and effective in curing pilonidal disease if the patient can pay price for prolong duration of treatment..

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