

PILONIDAL SINUSES AND THEIR TREATMENT

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This paper deals with 25 patients suffering from this complaint who were treated in the simple manner popularised by Millar and Lord. A pilonidal sinus is a common enough condition in Malta. It is unusual for a surgical out-patient session not to include a patient with this complaint. Extensive operations with wide excision of tissue were formerly the rule. Simpler procedures are at least as effective. Healing is more rapid and the operation could be an out-patient procedure.

Aetiology

This is still argued about but most people to-day believe that the condition is acquired rather than congenital. It tends to occur in thick-set young dark hairy 'white' men and it is thought to be due to actual penetration of the skin by loose hairs in the natal cleft. The hairs of black men lack the penetrating property of Caucasian hair: one of us (R.O.P.) during 15 years in Nigeria did not see one case of pilonidal disease. Similar lesions occur in the armpit and the navel as also in the hands of barbers. The almost discarded theory of congenital origin related the lesions to imperfect closure of the neural canal. Nevertheless, on occasion one is impressed by the mass of homogeneous hair present in a nest: it is difficult to believe that it all entered from without.

Pathology

There are one or more midline pits in the natal cleft, deep to which is a cavity lined with granulation tissue and usually containing hair. Tracks may run forward from the cavity either in the midline or laterally; these tracks too are lined with granulation tissue and they too may contain hair and discharge on the surface.

Principles of treatment

Excise the pits, remove the hair and allow free drainage of the cavity and of the tracks. Shave the part regularly, say every week until healing has taken place.

Technique

Under local or general anaesthesia a small elliptical incision is made to excise the pits and expose the underlying cavity which is not however excised completely. Any lateral tracks are enlarged and any lateral sinus excised. The tracks are cleared of any hairs by means of bottle brushes. A small dry dressing is applied and this is changed daily after the patient has had his bath.

Complications

These are two. Firstly, haemorrhage, easily treated by pressure. And secondly, abscesses in the lateral tracks, due either to poor drainage or to retained hair. No such complications occurred in this series.

Recurrence

The disease recurred in 5 patients. In 3 of these it appears that a new growth of hair was restarting the process: careful and regular shaving ensured complete healing within six months of operation. Two cases required a second operation at which more hairs were removed from the lesion; they healed within four months from the date of the first operation.

A table describing the patients and their disease now follows. The patients were predominantly young adult males. 15 healed completely within eight weeks with the technique described above and 19 within three months.

	INITIALS	AGE	SEX	Mode of Presentation				Degree of Hirsutism			Hairs in Lesion			COMPLETE HEALING AT 3/12.		
				SWELLING	PAIN	DISCHARGE	SINUS (noticed by patient)	ABSCESS	HEALING < 8/52	HEALING > 8/52	RECURRENCE	SLIGHT	MODERATE		MARKED	NONE
1	PG	20	M	X		X				X		X				X
2	LA	18	M			X				X	X			X		
3	AA	23	M	X	X	X		X					X			X
4	RM	18	F	X	X	X		X		X					X	X
5	GE	27	M	X						X			X	X	X	
6	VC	28	M		X	X	X		X			X		X	X	X
7	SE	27	M		X	X	X		X					X	X	X
8	PJ	18	M		X	X	X		X					X	X	X
9	GC	32	M		X				X	X					X	X
10	CG	21	M		X	X	X		X				X			X
11	DC	24	M		X	X			X				X			X
12	FS	27	M	X	X	X		X		X				X		X
13	CV	33	M			X	X	X		X				X		X
14	DE	22	M			X	X		X					X		X
15	LA	20	M			X	X	X		X	X		X	X		
16	EF	24	M			X				X		X		X		X
17	BF	27	F			X		X	X				X			
18	CE	17	M		X			X				X		X		X
19	AP	24	M		X	X			X			X				X
20	IJ	29	M	X	X	X		X		X				X		X
21	SJ	24	F		X	X			X					X		X
22	AG	21	M			X	X	X		X	X		X			
23	BJ	28	M			X				X						X
24	ZJ	28	M	X						X				X		X
25	AE	30	M			X				X		X				X

References

- LORD, P.H. and MILLAR, D.M., (1965) Br. J. Surg. 52, 298.
 MILLAR, D.M., and LORD, P.H. (1967) Br. J. Surg. 54, 598.