Case Report

Pilonidal Sinus – "Bunch of Hair Tufts"

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ABSTRACT

A Pilonidal Sinus commonly occurs in the cleft between the buttocks (natal cleft), affecting mainly men from puberty to their thirties and can cause abscess formation with off and on pus discharge causing pain and agony, embarrassment and absence from work for these thousands of youngsters annually. It is notorious for chances of recurrence after surgery and the need for frequent and time consuming wound care. We report a case operated at Pacific Medical College and Hospital with a unique character of immense collection of tufts of hairs present in a small Pilonidal sinus. He was operated with Rhomboid excision and Limberg flap repair.

Keywords: Pilonidal Sinus, Rhomboid, Limberg Flap

INTRODUCTION

Pilonidal means nest of hairs and is derived from Latin words for hair (Pilus) and nest (Nidus)[1]The condition was first described by Herbert Mayo in 1833[2] . R.M.Hodges was the first to use the phase Pilonidal cyst to describe the condition in 1880[3] . The condition is also called 'Jeep riders' disease or 'Jeep Seat' disease, because a large portion of people who were being hospitalized for it rode in jeeps. During the Second World War this was common in jeep drivers.

Pilonidal disease has increased in incidence rating to 3 cases per 10,000 people affected a year[4]. It can be seen in young and old but more common in young male adulthood. It affects men twice as often as women. Pilonidal sinus disease is a common medical condition that accounts for almost 15% of anal suppuration with high morbidity.

Obesity, family history (38%), sedentary life or prolonged sitting or driving,hairy body,local irritation or trauma is the few risk factors of this disease[4].

CASE REPORT

A 29 years young man reported at Pacific Medical College and Hospital with the complain of pus and blood discharge from lower back since last one or two months. He also complained of swelling at the presacral region. No significant family histories of same complain. No significant past history of any surgery at the same sight or any trauma. The subject is a sales-man by profession and is travelling nearly for two to three hours daily. He was clinically examined and it was found that he had a sinus in the midline of natal cleft with tufts of hairs peeping through and there was an adjacent lateral abscess inflamed and tender not allowing the patient to sit properly. His routine investigations for surgery were carried out and all were within normal limits. He was operated under spinal anaesthesia in lateral prone jackknife position. Working on the sinus tract we were surprised to see tufts of hairs kept on coming one after other from the small sinus tract and at the end we had good collection of tufts of hairs. Rhomboid wide excision was done and the sinus with abscess excised in toto and a

Limberg flap repair reconstructive surgery was carried out and a drain placed.

DISCUSSION

Pilonidal disease in the early 1950s was thought to be a congenital defect involving the remnant of the medullary canal and the infolding of the surface epithelium or a faulty coalescence of the cutaneous covering in the early embryonic stage,but most authors have belief now that the majority of Pilonidal disease cases are acquired and the result of a foreign body response to entrapped hair.

After the onset of puberty, sex hormones affect the pilosebaceous glands, and the hair follicles become distended with keratin. As a result, a folliculitis is created, which produces oedema and follicular exclusion. The infected follicles extend and rupture into the subcutaneous tissue, forming a Pilonidal abscess. This results in a sinus tract that leads to a deep subcutaneous cavity. The laterally communicating sinus overlying the sacrum is created as the Pilonidal abscess spontaneously drains to the skin surface.

Loose hairs are drilled, propelled and sucked into the Pilonidal sinus by friction and movement of buttocks. Whenever the person stands and sits these trapped hair stimulates a foreign body reaction and infection.

Our patient had a hairy body and yes the excess of hairs in and around the gluteal cleft increased the occurrence of the disease. His profession of constant travelling again made him a probable candidate for the Pilonidal disease. Therefore, we believe that management principle of Pilonidal disease should aim on removal of hairs from the sinus cavity and avoidance of future potential ports of hair entry.

Surgical treatment of a case of Pilonidal disease is either to go for excision and no suturing, second to get excision and simple closure and third is to have excision with reconstructive flap technique. Each of the procedures have their merits and demerits. Pilonidal disease recurrence is more in cases where the surgical patient is sutured in the midline as opposed to away from the midline, which obliterates the natal cleft and removes the focus of shearing stress. In our patient we went for Rhomboid excision with Limberg Flap repair which we have been practising in lot many of our Pilonidal cases and its giving us promising results with good recovery and less chances of recurrence.

CONCLUSION

Pilonidal disease as it is rightly called the nest of hairs, we have been witnessing several of these cases and yes their number is multiplying probably owing to their lifestyle, but this case was unusual to us in the context of innumerable or immense or we can say crazy collection of several tufts of hairs in a very small sinus cavity. We successfully completed our surgery with the wide excision and flap repair with low complication rate, short hospitalisation, low recurrence rate, early healing and shorter time off work.

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