

LONG TERM ANALYSIS OF SURGICAL TREATMENT OUTCOMES IN CHRONIC PILONIDAL SINUS DISEASE

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Aim of the study: Chronic pilonidal disease (CPD) is a common condition in adolescents which is treated by various surgical techniques. Differing complication and recurrence rates have been reported for different techniques. In this study, we aimed to evaluate the results of our approach in patients who were treated for CPD.

Methods: The patients with CPD which did not respond to medical treatment were initially prepared by removing all the hair around the sinus prior to surgery. In surgery, total excision of the cyst down to presacral fascia with an ellipsoid incision at the periphery of the sinus opening was performed routinely. Wounds were closed with primary sutures in the midline. The patients were discharged the day after surgery. Outpatient follow up continued weekly until total wound healing. Laser epilation therapy was routinely recommended 3 months after surgery. Demographic properties, anesthesiological techniques, post operative complication and recurrence rates, and long term results were evaluated retrospectively.

Main Results: There were 268 patients; 146 (54%) male, and 122 (46%) female. Median age was 192 months. Patients were followed up between 6 to 96 (mean 31) months. Anesthesia was general in 194 (72.4%) , and spinal in 74 (27.6%) patients. In 36 (13.4%), wound infection or detachment occurred in first month of surgery, which resolved by secondary healing. In long term follow up, 21 (7.8%) patients had one, and 1 (0.4%) had two recurrences which needed surgery. In recurring cases, there was an ingrowth of hair into the skin. None of the patients who had laser epilation had recurrence.

Conclusion: Meticulous surgery with total excision of the cyst down to the presacral fascia and primary closure seems to be an effective technique, and post operative laser epilation treatment is thought to be a useful method for increasing success rates in CPD management.