

Pilonidal sinus: Case Report of two adolescent cousins

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SUMMARY

Pilonidal sinus is a skin lesion comprising of a cavity at the attachment of hairs in inter gluteal cleft. The sinus gets filled with air, dirt, moisture and debris. The condition is painful, discomforting and disgracing. The victims are young and obese individual with history of trauma and a hairy body. The condition can reoccur with conservative treatment. Here we present case report of two young adolescent boy and girl who are first cousins too. Both of them are of same age, but were given two different treatments to avoid reoccurrence.

Keywords: COVID-19 Pandemic, Pilonidal sinus, staple procedure, skin grafting, inter gluteal cleft.

INTRODUCTION

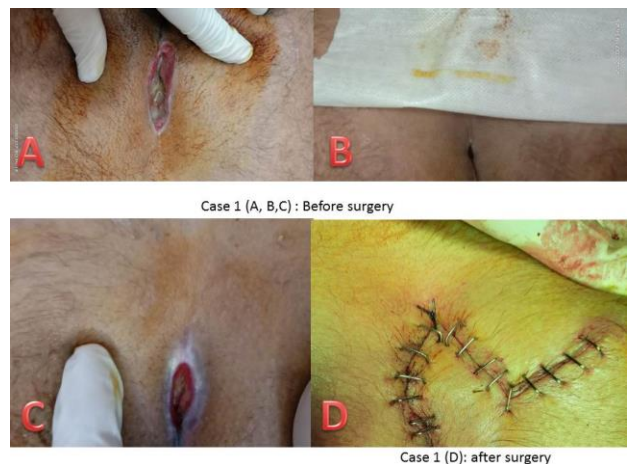
A pilonidal sinus is a condition of skin in which there is a small hole in the insertion of hairs at the depth of intergluteal cleft. It usually contain hair, dirt and debris.¹ Adolescence or youth, overweight and local trauma are the contributing factors in pilonidal sinus². It is a condition which can reoccur after surgery and there are chances of reoccurrence when the individual reaches his/her 30's³. To reduce the chances of reoccurrence a study was conducted by BB Menten in May 2004. He used excision with Limberg transposition flap to treat pilonidal sinus. 238 patients were documented and only 3 of them had reoccurrence during their follow up⁴.

A study was conducted by JH Armstrong and PJ Barcia in 1994 in which he studied the conservative treatment approach for pilonidal sinus. It was a 3 year study. His results showed that in first year of his study 83 patients of 101 patients recovered completely with non-excisional treatment and slow healing in 229 out 240 patients undergoing operative procedures⁵.

For the treatment of pilonidal sinus it's cause and history should be known so that we can move toward treatment. A study was conducted by Peter H Lord regarding the treatment of pilonidal sinus. They excised the pit using xylocaine and excised the sinus through the cavity using elliptical incision cut. Forceps was used to pick up any hairs within it and cavity was cleaned thoroughly. The hairs was also removed from lateral and midline track by using a tiny bottle brush with nylon blisters just like brush used for cleaning elastic razors. Shaving was performed afterwards for few weeks to prevent reoccurrence⁶. A study was conducted in February 1990 by Mr. T. G. Allen-Mersh in which they studied how to prevent reoccurrence of pilonidal sinus and its correct treatment. He concluded that early debridement and procedure that flatten the cleft at the depth of intergluteal space will reduce the chance of reoccurrence. He advised that priority should be given to the treatments such as primary asymmetric closure and procedures such as En bloc resection should be avoided⁷.

CASE REPORT

CASE 1: A Young boy of 16 years age, found blood stain on his cloths at inters gluteal cleft. He was having pain and irritation on the site. On examination hair growth was observed. The boy used to sit for long time using mobile, watching TV etc. This happened during lockdown during covid-19 pandemic, April-may 2020. He had completed his matriculation exams and was waiting for results, so he was not enrolled in next class yet. Hence no significant academic activities he had. Hot weather, hairy body and prolong sitting hours due to lockdown lead to development of the condition labeled as pilonidal sinus. Sinus was debrided and stitched under local anesthesia. To prevent reoccurrence and complications he was advised to use air filled cushion as a protective equipment while sitting on hard surfaces and avoid continuous sitting but he was reluctant to do so as he was shy of using the cushion, due this negligence he got infected again. Surgeons then performed staple procedure to prevent reoccurrence or reinfection (Fig. 1).



CASE 2: A Young female of 16 years age, found blood stain on her cloths at inter gluteal cleft. She was having pain and irritation on the site. On examination hair growth

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was observed. The girl used to sit for long time using mobile, watching TV etc. This happened during lockdown during covid-19 pandemic, April-may 2020. She had completed her SSC exams and was waiting for results, so she was not enrolled in next class yet. Hence no significant academic activities she had. Hot weather, hairy body and prolong sitting hours due to lockdown lead to development of the condition labeled as pilonidal sinus. Sinus was debrided and stitched under local anesthesia. To prevent reoccurrence and complications she was advised to use air filled cushion as protective equipment while sitting on hard surfaces and avoid continuous sitting but she was reluctant to do so as she was shy of using the cushion and due to this negligence she got infected again. Surgeons then performed skin grafting using inverted flap to prevent reoccurrence or reinfection.

DISCUSSION

To reduce the chances of reoccurrence a study was conducted by BB Menten in May 2004. He used excision with Limberg transposition flap to treat pilonidal sinus. A total of 238 patients were documented and only 3 of them had reoccurrence during their follow up⁴. In our cases staple procedure was performed to prevent reoccurrence.

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to negligence so staple procedure was performed to prevent reoccurrence.

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CONCLUSION

Pilonidal sinus can form in young adolescent boys and girls especially with healthy individuals and hairy body. Staple procedure or inverted skin grafting can be intervention of choice if conventional methods stay unsuccessful.

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