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# CASE REPORT

# RECURRENT PILONIDAL SINUS: 4TH RECURRENCE

**Shantanu Vyas, Girish Chauhan**

**Department of surgery ,SMS medical college and hospitals ,Jaipur , Rajsathan , India )**

**Corresponding Author: Dr.Shantanu vyas ( Asst. prof .Department of surgery ,SMS medical college and hospitals ,Jaipur , Rajsathan , India )**

**ABSTRACT:**
Pilonidal sinus disease is usually treated by surgery, but can recurrent . A 23 year old female presented with 4th recurrence of pilonidal disease, with inadequate surgery all the time. We found sinus track going in close proximity to coccyx needing coccyx excision. After complete excision primary repair with double Z plasty was done with good result. Hence pilonidal sinus surgery should be undertaken by experienced personnel only.

**Key words:** Pilonidal sinus, sarocacyggeal region.

## INTRODUCTION

Pilonidal sinus disease (PSD) is a benign and common condition. It is usually seen in young adults and can proceed with abscess formation, recurrences and painful conditions[1]. It is a serious state due to both its effect on patient's psychological status as well as the lack of experience among surgeons in its treatment. Various surgical techniques are applied currently in the treatment of pilonidal sinus disease[2], but optimal treatment method yet to be clarified. We present herein an interesting case of recurrent pilonidal sinus.

## CASE REPORT:

A 23 year old female was admitted to MGMCH with recurrent pilonidal disease. This was a fourth recurrences of the disease which had begun 5 years before. Different surgical methods were applied. The first and second operations were both just exploration of sinus and scrapping. Third and fourth operations were excision. There were intervals of approximately 5-6 months between the first three operations. 9 months following third operation, she underwent wide excision with healing by secondary intention. 5 months had passed since the last operation when she admitted to under our care for recurrence of pilonidal disease. On physical examination, the lesion was localized to the midline through the bridled incision scar. Surgery was planned it was decided to have a excision, first Hydrogen peroxide and methyline blue dye admixture was introduced inside the sinus to stain sinus track. Excision started through site of recurrence and to our surprise the tract was going in close proximity to coccyx and complete excision was possible only after excision of coccyx. Primary repair was done by double Z plasty. Postoperative period was uneventful. During last visit at 6 months followup patient was perfectly well with no recurrence.

**Figure 1:Pre operative image of recurrent pilonidal sinus**

**Figure 2:Intra operative image of Z-plasty**

**Figure 3: Post operative image of Z-plasty**

**DISCUSSION;**

Pilonidal Sinus disease (PSD) is a painful disorder usually found in the natal cleft and is diagnosed by the presence of a characteristic epithelial track between the buttocks. The name of the disease originated from Latin, meaning nest of hair. It was first described by Hodges in 1880 and later by Herbert Mayo[3]. Mayo's findings were of a characteristic epithelial track that generally contains hair and is located in the skin of the natal cleft. The condition was commonly diagnosed in jeep drivers during the second world war, which led to it being known as "jeep disease ". Although not as common, pilonidal disease may occur in other body parts, such as the clefts between the fingers of barbers or hairdressers[4].

For a long time, the cause of SPD has been a matter of debate. Until the second half of the 20th country, SPD was thought to be secondary to a congenital remnant of an epithelial lined tract of post coccygeal epidermal cell rests or vestigial scent cells. A variety of explanations have supported the congenital theory[5]. SPD is now however, widely accepted as an acquired disorder. SPD is more common in men and in hirsute people . It usually occurs after puberty, and a linkage between the disease and various occupations has been demonstrated[3]. In addition, there is a high recurrence rate of SPD after surgical excision. These factors argue against the validity of the congenital theory to explain SPD. further congenital tracts do not contain hair and are lined by cuboidal epithelium[6].

The recurrence of sinus is the most common complication which can be problematic to treat, as it requires experience. Primary treatment for PSD is by surgery but there is a high recurrence rate. Many surgical procedures that are available for the symptomatic pilonidal sinus are well reviewed by Allen-Mersh[7]. The most difficult conmplication after the surgery for pilonidal sinus is persistently unhealed midline wound following laying open or excision of the primary disease[8]. The reported rate of recurrence of pilonidal sinus varies widely in the literature from 0% to 43%[7].

Our patient , though underwent operation four, but inadequate surgery was done all the time due to inexperience of the surgeon. So in view of high recurrence rate in pilonidal sinus surgery it is preferable that such surgery should be undertaken by experienced personnel only. In present case sinus track was going in close proximity to coccyx needing excision of coccyx. After excision of track along with coccyx primary repair by double Z-Plasty was done with good result.

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