

Pilonidal Disease



ASCRS
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Pilonidal Disease

Pilonidal disease is a chronic skin infection in the crease of the buttocks near the coccyx (tailbone). It is more common in men than women and most often occurs between puberty and age 40. Obesity and thick, stiff body hair make people more prone to pilonidal disease.

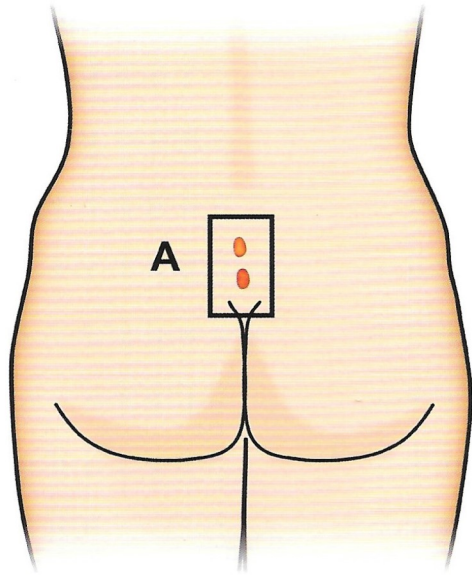


Figure 1: Pilonidal disease affects the buttock crease area. Two small openings are shown (A).

Causes

Hairs often grow in the cleft between the buttocks. These hair follicles can become infected. Further, hair can be drawn into these abscesses worsening the problem.

Symptoms

Symptoms can vary from very mild to severe. The symptoms may include:

- Small dimple.

- Large painful mass.
- Clear, cloudy or bloody fluid drainage from affected area.
- If infected, the area becomes red and tender and the drainage (pus) smells foul.
- If infected, may have fever, nausea or feel ill.

Disease Patterns

Nearly all patients have an acute abscess episode (the area is swollen, tender and pus may drain from it). After the abscess goes away, either by itself or with medical care, many patients develop a pilonidal sinus. The sinus is a cavity below the skin surface that connects to the surface through one or more small openings. Some sinus tracts may resolve on their own; however, most patients need minor surgery to remove them.

Diagnosis

Diagnosis is typically confirmed by a physician examining the buttock area.

Treatment

Treatment depends on the disease pattern. The primary treatment for an acute abscess is drainage. An incision is made that allows pus to drain, reducing inflammation and pain. This procedure can usually be done in a physician's office under local anesthesia.

Surgical Treatment

Complex or recurring infections must be treated surgically, either through excision or unroofing the sinuses. Unroofing the sinuses, as shown in Figure 2, involves

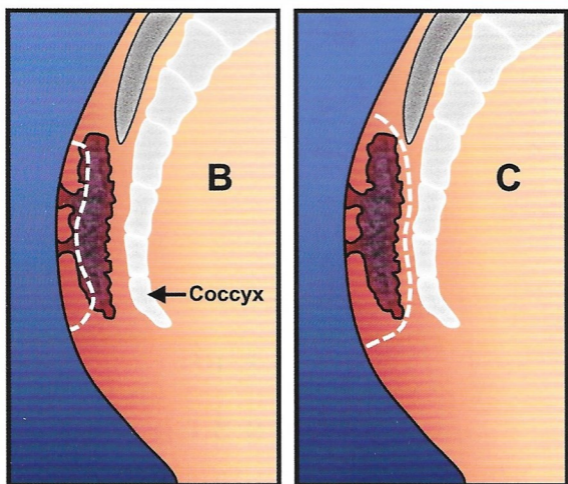


Figure 2: Drawing B shows inflammation located deep under the skin above the tailbone. The dashed line indicates the area to be opened or unroofed. The dashed line in drawing C shows the entire inflamed tissue that will be removed.

opening up the abscess and tracts and trimming the edges of skin.

Larger, open operations often result in better outcomes, although healing takes longer. Closure with flaps has a greater risk of infection, but may be required in some patients. Your colon and rectal surgeon will discuss all the options and help you choose the most appropriate surgery.

Post-Surgical Prognosis

When the wound is closed, it must be kept clean and dry until the skin is fully healed. If the wound is left open, dressings or packing are used to help remove secretions and allow the area to heal from the bottom up.

After healing, the skin in the buttocks crease must be kept clean and free of hair. It is necessary to shave or use a hair

removal agent every 2 or 3 weeks until the age of 30. After that age, hair shafts thin out and soften and the depth of the buttock cleft lessens. Pilonidal disease can be a chronic, recurring condition so it is important to follow your physician's postsurgical care instructions.