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WIDE EXCISION AND HEALING BY SECONDARY INTENT IN CHRONIC INFECTED PILONODAL SINUS WITH MULTIPLE TRACTS: A CASE REPORT

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ABSTRACT

A 32-year-old male with chronic pilonidal sinus disease presented with recurrent pain, persistent purulent discharge and swelling for approximately one and half year. He was a Truck driver with prolonged daily sitting and had a BMI of 27 kg/m². Examination revealed three midline sinus openings, purulent discharge, induration, tenderness and suspected branching disease. Complete excision of the sinus tract, branching extensions and surrounding fibrotic tissue was performed under spinal anesthesia. The wound was left open for healing by secondary intention. Operative time was 35 minutes. Postoperative pain was initially greater and recovery was prolonged, with approximately nine weeks required for complete wound healing and return to work after 24 days. Nevertheless, the wound healed completely without infection or recurrence during six months of follow-up. This case demonstrates the role of total excision as a definitive option for chronic or complex pilonidal disease.

KEYWORDS: Pilonidal sinus; Total excision; Chronic pilonidal disease; Secondary intention; Case report.

INTRODUCTION

Pilonidal sinus disease is an acquired inflammatory condition of the natal cleft caused by penetration of loose hair and subsequent foreign-body inflammation. Chronic disease may produce persistent discharge, recurrent infection and branching sinus tracts. Complete

surgical excision permits direct visualization and removal of diseased tissue and remains anno recurrence during six months of follow-up.

DISCUSSION

Total excision allowed direct identification and removal of the primary sinus, branching extensions and surrounding fibrotic tissue. In the present case, complete healing was achieved with no postoperative infection or recurrence during six months of follow-up, although recovery required approximately nine weeks and return to work occurred after 24 days. Similar favorable long-term results have been reported by Singh et al.[1] in a prospective study of 42 patients undergoing excision and primary closure of pilonidal sinus. Their study reported a mean operative time of 30 minutes, a mean hospital stay of one day, return to normal activities within 8–14 days, and no recurrence during six months of follow-up. One seroma, two hematoma and two wound infection were reported.[1]

Our case showed a similar important outcome to the study by Singh et al., namely complete clinical healing without recurrence during six months of follow-up. The absence of postoperative infection in our patient was also consistent with the generally favorable postoperative course reported in their series. However, the present case had a longer operative time (35 minutes versus 30 minutes) and longer recovery/return-to-work period (24 days versus 8–14 days), which may be related to the chronic and branching nature of the disease and the use of healing by secondary intention rather than primary closure. Therefore, the reference study supports the favorable definitive outcome observed in our patient, but the postoperative course should not be considered identical.

CONCLUSION

Total surgical excision resulted in complete healing without postoperative infection or recurrence during six months of follow-up in this 32-year-old patient with chronic pilonidal sinus disease and suspected branching tracts. The favorable definitive outcome is comparable to the absence of recurrence reported by Singh et al.[1] although recovery was longer in our case. Complete removal of diseased tissue remains an important option for chronic or complex pilonidal disease. Ethical Statement Written informed consent was obtained for publication of the clinical information and images, with identifying information omitted. The source report states that institutional ethics approval was not required under its institutional policy for this two-patient comparative case report.

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