Pilonidal Disease

Pilonidal disease refers to conditions arising over the tailbone area that cause infection and drainage. Because this area is close to the anus, pilonidal disease can be confused with anorectal abscess and fistula.
However, pilonidal disease rarely involves the anal area. This is a poorly understood process occurring over the tailbone area (also known as the sacro-coccygeal area). Patient develop small glands, called cysts, and openings onto the skin that become infected, drain spontaneously, heal and become reinfected over a variable time period. The area in which this occurs has no major or important biologic structure and is not easy to look at. Therefore people can have pilonidal disease for some time without being aware of it. Symptoms of cyst and sinus may include drainage, itching, or be totally absent.
An infected pilonidal cyst is called a pilonidal abscess, and contains debris, cells and bacteria under pressure. This causes constant pain and possible fever. Patients may be unable to sit or walk.

TREATMENT OF PILONIDAL ABSCESS

Pilonidal Abscess is drained under local anesthesia in the office, or under general anesthesia in the operating room. This provides rapid relief of pain and disability and prevents spread of infection. In this procedure, the surgeon cuts open the abscess, drains the pus and removes the debris. While this approach relieves the immediate problem of pain and infection, it does not address the presence of the cyst/sinus which remains. Patients with pilonidal cysts may describe having multiple procedures to drain an abscess but never actually getting rid of the cyst.

TREATMENT OF PILONIDAL CYST AND SINUS

There are multiple procedures and approaches to this condition. There are simple procedures to relieve pain, with rapid recovery, but with a very high likelihood that the problem will recur. Alternatively, patients can choose a more aggressive surgical approach that involves a longer period of healing and disability, but with a much lower recurrence rate. This second approach which is recommended by Dr Katz is performed electively, not emergently, under general anesthesia. The surgeon cuts out the entire cyst from the surrounding skin. This can usually be accomplished in less than 1 hour. Following this, the patient faces an 8-12 week healing period for the wound to healing. Usually there is pain and disability for about a week, after which most activity can be resumed.

RECURRENCE

For reasons that are not clear, pilonidal sinus recurs after surgery. Therefore follow-up clinic visits every 2-3 weeks are necessary to monitor healing and identify and treat recurrences before they become severe. Additional procedures may be necessary even with aggressively follow-up.

WOUND CARE

Wound care may be accomplished using regular gauze dressings, changed twice daily with visiting nurse supervision. Alternatively, new technology is available involving the use of vacuum dressings. A vacuum dressing consists of a sponge, placed on the open surgical wound, sealed with tape and connected to a small suction pump that is worn over the shoulder. The application of a vacuum (also called negative pressure) causes wounds to heal faster. The vacuum is also changed every 2 days, not twice daily. Prior to surgery, patient and physician should discuss the wound care options and make appropriate arrangements with visiting nurse service.

FAILURE TO TREAT

If a pilonidal abscess is not drained surgically it may respond to antibiotic therapy but this cannot be considered surgical standard of care. Abscess may rupture spontaneously, with discharge of pus, blood and debris and relief of symptoms. Alternatively the abscess can enlarge, spread and cause infection in the blood, called sepsis which can be life threatening.

Left untreated, pilonidal cysts and sinus may be asymptomatic for an unpredictable period, or they may become intermittently infected and require repeated drainage procedures. This can occur without warning and at inconvenient times such as vacations or travel or during difficult work or family situations.

Repeated drainage procedures leave enlarging cavities that can involve large portions of the buttock and back. Chronic nonhealing wounds left untreated over years can also lead to skin cancer, which is potentially life threatening. Therefore definitive treatment with excision is recommended when convenient.