



Pilonidal (or hair nest) disease is a chronic skin condition where infection and inflammation of the skin of the natal cleft (skin between the buttocks) results from the presence hairs embedded underneath. The hairs originate on the head but fall between the buttocks and as they are rolled usually by the action of walking become drilled under the skin. It is more common in men than women and found usually in the age group 16 to 40 years. People with thick black hair are particularly affected. It appears to regress with later age. The hairs and the visible pits (tiny black holes seen in the deepest part of the natal cleft) may exist without giving symptoms for many years.

### Symptoms

- 1 Pain in the natal cleft as a result of abscess formation and/or discharge
- 2 Bleeding from the inflamed area
- 3 Discharge of pus from the abscess
- 4 Itching

### Treatment

Many patients present to the General Surgeon with an abscess in the natal cleft, often as an emergency. Usually a pilonidal abscess requires drainage under general anaesthetic in the operating theatre. The hospital stay is short but the recovery period is often prolonged as the operation creates a wound in an awkward and uncomfortable area which is slow to heal. All patients should be seen again in clinic since the underlying cause (the hair nest) is not usually fully addressed at the original operation. It is at this point that patient and surgeon agree the next step in definitive treatment. Often symptoms may have completely settled and patients are naturally reluctant to put themselves through more uncomfortable surgery which again may have significantly delayed healing.

There are a number of commonly performed procedures performed in an attempt to rid patients of the disease. They are best performed when the disease is at its "quietest" phase. All have their advantages and drawbacks, none are perfect. The specialist general surgeon will have a number of procedures in their operative repertoire and be able to tailor their advice to the individual and the disease encountered.

### The aims of surgery are

- 1 Complete removal of the affected

skin to prevent recurrence

- 2 Drainage of existing and avoidance of later infection
- 3 Early and complete wound healing
- 4 Early return to normal activities and reduced pain

### Common Operations

- 1 Excision of the sinus with or without closure of the wound to prevent recurrence
- 2 Excision and Z-plasty or rhomboid flap closure
- 3 Karydak's advancement flap
- 4 Bascom's operation
- 5 Cleft closure operation

Most are performed as day cases under general anaesthesia. Some require the insertion of plastic drainage tubes which need to stay in place for a few days.

Each operation is measured in terms of its percentage rate of complete, early (primary) healing, recurrence rate and average time to healing. All operations take a significant impact upon the well being of patients. Healing is often delayed incomplete and uncomfortable as well as socially inhibiting. The usual time to healing is of the order of four to twelve weeks depending upon the operation performed and the complexity of the disease. The attention of district or practice nurses may be required while healing takes place.