What is Pilonidal disease and what causes it?

- Pilonidal disease is a chronic infection of the skin in the region of the buttock crease. The condition results from a reaction to hairs embedded in the skin, commonly occurring in the cleft between the buttocks.
- The disease is more common in men than women and frequently occurs between puberty and age 40.
- It is also common in obese people and those with thick, stiff body hair.
  - Since excess hair in the area of the sinuses predisposes patients to recurrent infections and can impede wound healing after surgery, it is often recommended to pursue laser hair removal before surgery. This permanent solution to hair removal provides the best chance for complete eradication of pilonidal disease. Your surgeon will discuss this option with you.

What are the symptoms?

- Area can range from a small dimple to a large painful mass.
- Drainage of fluid that may be clear, cloudy or bloody.
- If infected, the area becomes red, tender and the drainage (pus) will have a foul order. If infected, it may also cause fever, malaise, or nausea.

There are several common patterns of this disease. Nearly all patients have an episode of an acute abscess (the area is swollen, tender, and may drain pus). After the abscess resolves, either by itself or with medical assistance, many patients develop a pilonidal sinus. The sinus is a cavity below the skin surface that connects to the surface with one or more small openings or tracts. Although a few of these sinus tracts may resolve without therapy, most patients need an operation to eliminate them. A small number of patients...
develop recurrent infections and inflammation of these sinus tracts. The chronic disease causes episodes of swelling, pain, and drainage. Surgery is almost always required to resolve this condition.

How is Pilonidal Disease treated?

The treatment depends on the disease pattern.

- **Acute abscess**: managed by making an incision over the infection site and draining the pus. This procedure may be performed in the office with local anesthesia or in the operating room under general anesthesia. Often patients are prescribed antibiotics to further combat the infection. Surgery to excise the pilonidal tissue will only be performed after the infection is completely resolved.
- **Chronic sinus** usually will need to be excised or surgically opened.
- **Complex or recurrent disease** must also be treated surgically. Procedures vary from unroofing the sinuses to excision and possible closure with flaps. Larger operations require longer healing times. If the wound is left open, it will require dressing or packing to keep it clean. Closure with flaps is a bigger operation that has a higher chance of infection; however, it may be required in some patients. Your surgeon will discuss these options with you and help you select the appropriate operation.

What care is required after surgery?

- If the wound can be closed, it will need to be kept clean and dry until the skin is completely healed. Activities should be limited following the surgery to avoid creating tension on the incision site. Contact sports and PE class should be avoided for 2 weeks.
- If the wound must be left open, dressings or packing will be needed to help absorb secretions and to allow the wound to heal from the bottom up. It is OK to shower while the packed wound is healing. Once a day, remove the packing, shower with soap and water, pat the area dry, and replace the packing. **After healing, the skin in the buttocks crease must be kept clean and free of hair. This is accomplished by shaving or using a hair removal agent every two or three weeks until age 30. After age 30, the hair shaft thins, becomes softer and the buttock cleft becomes less deep.**
- Even with meticulous care, pilonidal disease has a tendency to recur. Recurrence is marked by a return of the original symptoms: redness, pain, drainage. Call your doctor immediately if you notice these symptoms.

Disclaimer: Your child’s condition is unique. The information contained on this web site is not intended to substitute for advice from a doctor or nurse. If you are unsure about any aspect of your patient’s care, please contact us at 303-839-6001, or talk to your pediatrician.

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