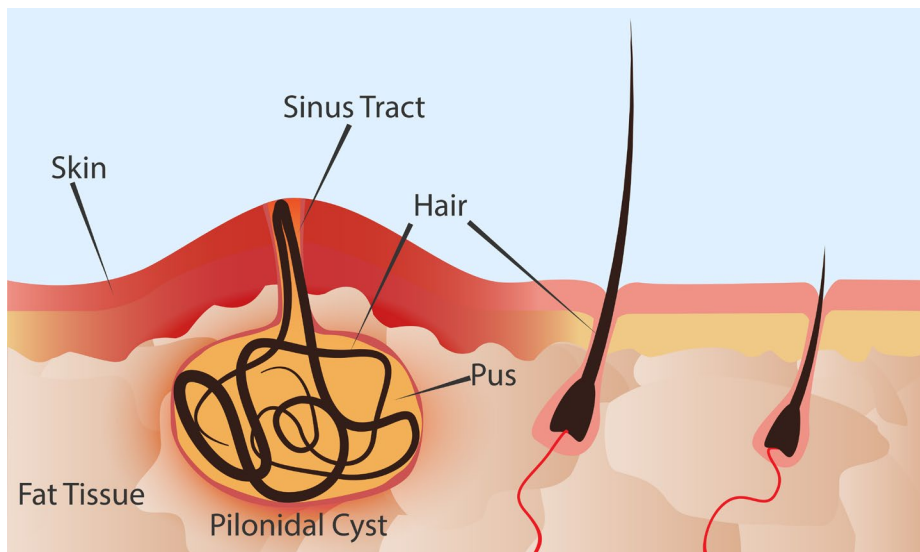


What is Pilonidal Disease?

Pilonidal disease is a problem with hair follicles on the buttock. We do not know exactly why this happens, but it has to do with pressure placed on where hair comes out of the skin (hair follicles). With lots of pressure, the hair follicles are pushed into the buttock skin, trapping the hair and causing inflammation. Eventually, a small opening appears around the hair follicle called a pilonidal pit. These usually form along the buttock crease. Sometimes these pits become so deep that they track to the left or right of the buttock crease and form a second opening. When pits become deeper, they are called sinus tracts. Bacteria can get trapped in these pits/sinuses and cause infection.

Pilonidal disease is more common in teenage boys, which may be because they usually have more hair on their bottoms. However, anyone can develop pilonidal disease.



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What problems will my child have?

Your child may have a red lump along their buttock crease. It is usually raised and very painful to touch. You may also see a small opening (pit) in the skin. Sometimes clear or thick, smelly fluid (pus) will drain out of the opening. There may be multiple pits.

Other diseases that look like pilonidal disease: Perianal abscesses are an infection that occurs on the buttock but are not because of hair follicles. They don't usually form pits or sinus tracts. Usually there is only one abscess. Anal fistulae are connections between the inside of the anus and the skin. These may have an opening on the skin like a pilonidal cyst, but there will be another one inside the anus.

What tests will be done to find out what my child has?

Physical examination by a doctor is generally all that is needed to diagnose pilonidal disease.

There are no specific lab tests that need to be done to diagnose pilonidal disease.

There are no specific types of imaging needed to diagnose pilonidal disease. Sometimes, if more information is needed about how far the pilonidal disease has spread, an ultrasound, computerized tomography (CT) scan, or magnetic resonant imaging (MRI) may be done.

What will be done to make my child better?

Medicines: If one of the pilonidal pits has an infection, your child may need antibiotics. No medicine will get rid of the pilonidal pits or sinus tracts, though.

Surgery: If there is an infection, the skin over the area may need to be opened with a small cut (incision) to drain the infection. To get rid of the pits/sinus tracts, the entire area needs to be removed. Sometimes this can be done with a small area of tissue cut away from around the pit/sinus tract. If the pits come back, a larger surgery may be needed where a wide area along the buttock crease is removed and then healthy tissue moved over the top of the wound.

What do I need to do for my child when he/she goes home?

Activities my child can do? If the patient had an abscess drainage or small incision, they can slowly return to normal activity over the next 2-4 weeks. They should minimize the amount of time they spend sitting.

If they had a larger incision with rearrangement of other tissue (called a tissue flap), they may have special instructions from their surgeon on how to take care of the wound which they will receive from their surgeon before going home.

Taking care of the wound: With an abscess drainage, it is common for the wound to be left open so that the infection does not return. Daily cleaning with bathing or showering is required to keep the wound clean. The bandage should be changed at least once a day.

If they had a larger surgery with a tissue flap, they may have special instructions for taking care of the wound depending on what type of tissue flap was done. Be sure to follow any special care instructions from your surgeon and reach out to them if you have questions. In the case of a tissue flap, they should not shower for 2 days after surgery and should not soak the incision in water until cleared by your surgeon. If there are sutures in the wound, they will typically be removed in 14 days.

Medicines my child may need to take: Medication for pain such as acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®) or something stronger like a narcotic may be needed to relieve pain for a few days after surgery. Stool softeners or laxatives are sometimes needed to help regular stooling after surgery, especially if narcotics (like oxycodone or Percocet) are still needed for pain.

When should I call the doctor? After discharge from surgery, if your child has fevers or wound redness, you should call your surgeon's office. It is normal for there to be fluid drainage if an incision was left open on purpose. However, if the incision was closed with sutures, you should let your surgeon's office know if there is drainage of fluid from between the sutures.

Will my child need to see the doctor again? What other problems might my child have as a result of this?

You will have a follow-up appointment 1-2 weeks after surgery to see how recovery is going.

It is important to watch for the formation of more pilonidal cysts because it is common for them to recur. Once your child has recovered from surgery, hair removal from the buttock can help decrease that risk. This can be done via shaving, waxing, or laser hair removal.