

Pilonidal Management Information for Families

1. Pilonidal disease (cyst, sinus, abscess) is fairly common in adolescents and young adults.
2. It occurs in the natal cleft (space between the buttocks) and patients with a deep and hairy cleft are more predisposed to this problem.
3. Due to the hidden and embarrassing location of this, many teenagers will have this process going on for months prior to telling their parents or seeking medical attention.
4. The disease is caused by hairs burrowing into the skin in the midline which is thin and prone to forming skin tracts (sinuses) and infections.
5. Since the hair is the culprit in causing the problem, the least invasive strategy to control the disease is to keep the area clean and free of hair to allow the process to heal.
6. More aggressive surgical procedures have been done in the past but we have found those to be generally unsatisfactory. They require a general anesthesia, and can result in a larger wound and more misery than the original disease with a prolonged healing time and still a chance of recurrence.
7. If an abscess (collection of infection, or pus under the skin) is present and has not drained on its own, a minor procedure will be needed to drain this. This can often be accomplished under local anesthesia in the office or clinic setting. Antibiotics are often not needed.

MANAGEMENT PROTOCOL

1. This will start in the medical office. Shave the gluteal cleft area from the sacrum, to a point just above the anus, using dry razor. Fine electric clipper with disposable head as found in OR and clinics works well for this also. Spread buttocks, and clear an area the width of a disposable razor, making sure the midline is cleaned of all hair, including sinuses. Wide adhesive tape can be used to pick up cut hairs. Fine forceps or hemostat can be used to pull hairs that have burrowed into midline sinuses, if present. All hair must be meticulously removed, as this is the irritant that causes the disease. Good lighting is required. Hair removal products such as Nair are also an option for further maintenance at home. **Depending on the circumstances, some families find it more convenient to do this themselves in the future.**
2. Patients are instructed to shower once or twice a day, and wash the area thoroughly with a wash cloth and mild soap, using downward strokes.

3. Patients follow up every two weeks and the area is inspected and re-shaved as needed. Most patients take about 4-6 weeks to heal.
4. Once the area is completely healed, the area is again shaved and follow up can be as needed. Patients are reminded to remain vigilant about hygiene of the area. After acute infections are resolved, referral to dermatology for permanent laser hair removal in the area is an option in selected more recalcitrant cases.
5. Recurrences are treated by repeating above.
6. Sinuses are generally not excised after healing.
7. Avoid wearing tight fitting pants that irritate the area.
8. Limited excision of sinus tract and/or abscess area can be considered for recalcitrant cases, but these are few.

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