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Pilonidal cyst disease, a real pain in the rear!

The term “pilonidal” comes from Latin roots, pilus which means hair and nidus which means nest. A pilonidal cyst is a small nest of hairs growing in a pocket or cyst beneath the skin surface. This is typically found at the base of the spine just above the buttocks in the midline. The cyst is usually connected to the surface of the skin with a narrow pore. This pore can become obstructed and cause the cyst to collect curled up hair and skin oils and eventually become irritated and then infected. The pilonidal cyst then becomes a pilonidal abscess. This can be very painful, swollen and cause fever and chills if not treated.

Pilonidal cysts are most often seen in men between the ages of 10 and 40, but can be seen in both men and women of any age. They are also more common in overweight individuals and those whose job or hobby results in repeated minor trauma or bouncing on the upper buttock area. Examples would include long haul truckers and horse riders. People with heavy or dark hair also seem to be at increased risk.

The treatment of a pilonidal cyst depends on the symptoms at the time it is seen by a surgeon. If the area is acutely inflamed, swollen, red and tender; that is a pilonidal abscess and it needs to be drained by a small incision. Antibiotics are prescribed and the area is allowed to calm down and begin to heal before any further treatment is performed. If the pilonidal cyst is not inflamed, or if it has been calmed down with drainage and antibiotics, then permanent treatment is the next step.

Examination of the base of the spine, just at the top of the buttock crease will reveal one or more small pits or pores. These will be in the midline, and may be

present over a length of several inches. There may be a small lump felt beneath the pore, there may be hair shafts protruding from the pore. To treat the condition, the pores, their underlying cysts, the skin and hair follicles must all be removed. This is much easier when the area is not infected and swollen.
A number of operations have ben proposed and are used for pilonidal cysts. Some involve removing the cysts and ores with small local incisions and then closing the incisions. this is associated with about a 30% chance of the wound becoming infected and having to be reopened. Other surgeons open the area widely and remove the pilonidal material and then allow the wound to close over time with daily dressing changes. For more extensive disease there are local tissue flaps that have been used to close the wounds. With initial suture or flap closure techniques there are usually significant restrictions on the patient's activity until the area has a chance to fully heal, and this may mean several weeks of limited motion. With the open wound technique the patient returns to all normal activities as soon as they are comfortable. The surgeon will weight all the factors involved in making a recommendation on how best to treat a particular patient.

Once surgical treatment has been performed the chance of recurrence of the pilonidal cyst disease is about 5 to 10%. Recurrence is usually outside of the area previously treated and can be handled in a similar fashion to the original management.

Questions or comments can be addressed to Frederick M. Ilgenfritz, MD, FACS, c/o Bitterroot General & Vascular Surgery, 1150 Westwood Drive, Suite C, Hamilton, MT 59840 or visit www.bgvs.us.