PILOMIDAL SINUS

Morphology
Terminology

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www.pilonidal.com.au
Patey and Scarff in 1946 reported a pilonidal sinus in a 31 year old barber’s hand which resulted in congenital theory being abandoned.
PRIMARY: midline only

[Images of different areas of skin, possibly showing different stages or types of a condition, such as a wound or skin condition, with labels or captions if present in the images.]
PRIMARY: secondary
UNHEALED
PILONIDAL and HIDRADENITIS
MECHANISM

1. loose hair enters

2. hair + seropurulent discharge

Karydakis, 1992

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**Fig. 2** Scanning electron microscope image showing a hair orientated with its root end into the primary pit. Magnification × 900. Scale bar = 10 micron
Due to friction hair migrates in leading with the root end.
Figure 3 Scanning electron microscopy images showing comparison between hair shafts of male and female subjects.

Figure 4 Comparison of hair index parameters between male and female subjects.

Figure 5 Individual value plot of hair scale height of individuals with different ages.
Fig. 1. hair traction due to is to collect a piece of loose hair (H) with a pliers-like tool and is fixed by friction

Table 1: Secondary factors in pilonidal sinus

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
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<tr>
<td>H</td>
<td>hair center or less aggregate of the root end of hair, not only the hair, nor the hair.</td>
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<tr>
<td>F</td>
<td>the type, direction, and hair, or only the hair at the side of the hair.</td>
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<tr>
<td>G</td>
<td>narrowness of hair—more extended</td>
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<tr>
<td>D</td>
<td>injury to the side of the</td>
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Vulnerability x Force x Hair

2nd International Pilonidal Sinus Disease Conference
28th September 2019, Vienna
Source of hair in 14 pilonidal sinuses:

- 71% head
- 64% buttocks
- 57% lower back
CLASSIFICATION

Pilonidal disease
Diagnosis made clinically

**MILD**
- Conservative treatment
- Hygiene, clipping weight loss, etc.
- Pit picking

**SEVERE**
- Cyst excision
  - Without primary closure
  - With primary closure
    - Bascom cleft lift
    - Karydakis flap
    - Rhomberg (Limberg) flap
    - Primary closure (off midline)

**ACUTE**
- Incision and drainage of abscess cavity
  - Minimal or no tissue excision
  - Wound care
  - Education on hygiene
  - Antibiotics for immunosuppressed, Crohn’s, leukopenic

**CHRONIC**
- Surgical management
  - Pit picking
  - Minimal excision
  - Mini cleft lift

If >1 failure, surgery

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QUESTIONS?

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