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“Double Time” Surgical Technique for Treatment of Pilonidalis Cyst: First Results

By Dioscoridi Lorenzo, Giampaolo Perri & Carassale Gianluca

University of Florence, Italy

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We suggest a new surgical technique consists in two operating times: the first (“dirty”) of cyst exeresis and the second (“clean”) of direct suture.

The first results on 82 patients show only 7.3% of wound opening, 1.2% of surgical infections and no recurrence s. More studies are needed to verify this first results.

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I. BACKGROUND

Pilonidal sinus (PS) is a common, chronic, benign disease of young adulthood that is encountered more commonly in males than in females. PS is not a major surgical challenge. However, considering the gender and age group it mainly affects, it is a serious condition that can cause significant loss of work and school in every community. The objectives for treating PS disease are minimal tissue loss, minimal postoperative morbidity, rapid return to daily activities and work, acceptable cosmetic results, minimal recurrence rate, and low cost. Although many surgical and nonsurgical techniques have been reported, no ideal treatment that provides all of these positive results is known.

II. MATERIALS AND METHODS

We perform the operation in spinal anaesthesia or local anaesthesia only if the cyst is not complicated. Our surgical technique consists in two times:

1. Cyst excision
2. Suture of the wound

For the moment 1 (Fig.1), we create a first surgical field, and the instrumentalist prepares a specill, a syring containing methylene blue with atraumatic needle, two surgical clamps, two Kocher clamps, normal incisor and electric coagulator. The phases are:

- Disinfection of the skin and preparation of surgical field in the area around the cyst
- Research of eventual fistulas and studying of the cyst with the specill
- Injection of 0,2-0,5 cc of methylene blue

- Incision of the skin and dermis with cutting incisor around the cyst.
- Completing the incision till the presacral fascia, taking away all the cyst with at least 0,5 cm margin from the cyst.
- Disinfection of the wound
- For the moment 2 (Fig.2), the instrumentalist prepares a gloves change for all the operators and all the necessary for hemostasis and suture. The phases are:
- Hemostasis
- Preparation of the margins of the wound to create a tension-free suture
- Closure with assorbable suture (passing trough subcutaneous tissue, presacral fascia, subcutaneous tissue) with 1 cm distance from point to point.
- Suture of the skin with non-adsorbable Donati's sutures beginning from the upper part of the wound and finishing with the stich near to perianal region.
- Compressive medication.

The operation is performed in one-day surgery course and the day after the patient goes home. The indications for postoperative course are:

- Removal of the compressive medication at day one.
- Every-day cleansing of the wound with medicated soap and steridrol
- No fixed medication, only everyday-changed dressings on the wound
- Medication at day five
- Removal of sutures between day twelve and day fifteen

We don't recommend any other treatment.

Author α σ ρ: Department of Surgery and Translational Medicine, University of Florence, Italy. e-mail: giamperry@hotmail.it

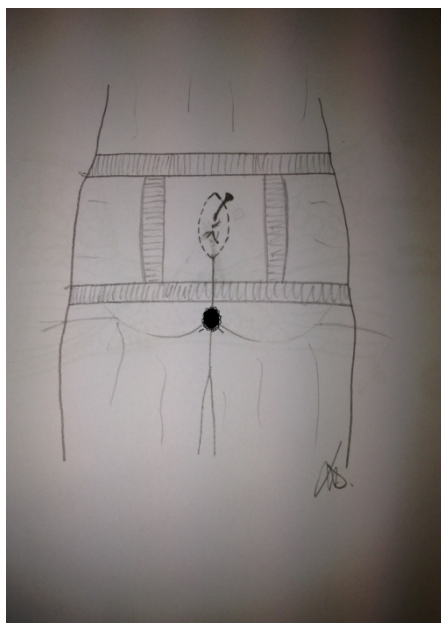


Figure 1

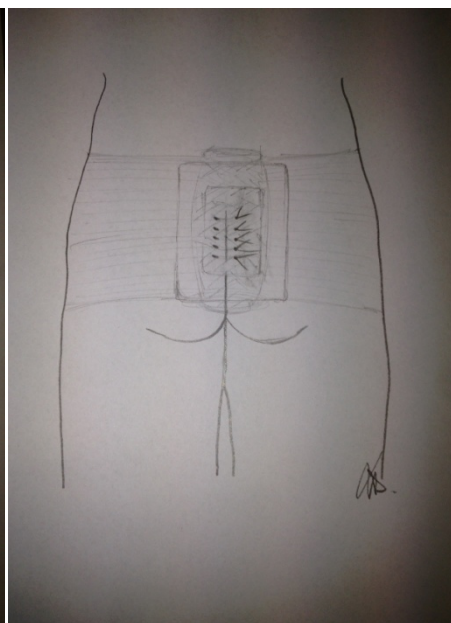


Figure 2

III. RESULTS

We have treated 82 patients (68 males, 14 females, median age: 17y.o.). Follow-up lasts 6 months. Only 6 patients (7,3%; all males) presented with partial deiscence of the suture and need re-opening of the wound and healing for second intention. Another patient presents a mild infection of the wound, solved by medications. No recurrences were observed in this patients.

IV. DISCUSSION

This technique has found on two bases: the first is to avoid intraoperative contamination, the second to reduce bacterial postoperative colonization.

Intraoperative contamination is the cause of postoperative infection and re-opening of the wound: with this technique, we don't use the same instruments that we have used for cyst asportation.

Considering recurrences, We think that the main reason for that is the incomplete exeresis of the cyst: so, we always search for presacral fascia, and eventually, other areas coloured with methylene blue.

We suggest to use always specill and methylene blue in order to have a whole overview of the pathology and to perform the most radical exeresis.

Furthermore, this technique is tension-free and it is important in order to avoid deiscence of the suture due to excessive tension of the margins.

Fixed medications in this area just let bacteria to grow on that causing infections, so, in this method, the medication are changed every day and the bacterial load is reduced using disinfecting soap and steridrol.

V. CONCLUSION

The described technique is safe and simple to learn, but it needs the active cooperation of the patient

in postoperative course with the advantage of low rate of wound opening, infection and recurrence. Further studies are needed to confirm the results.

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