



AB160. 29. Surgical outcome/ complication rate following pilonidal sinus surgery

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Background: Pilonidal sinus is chronic inflammatory condition that usually affects young adults. It mostly occurs in the natal cleft of the sacrococcygeal region and is presented by inflammation, abscess and sinus formation. Several treatment modalities have been tried for peripheral nerve stimulation (PNS), however, primary closure method is more popular because it accelerates wound healing, shortens the times of surgery and hospitals stays, and has proven to be practical. This study aims to assess the complication & recurrence rate after pilonidal sinus surgery and to compare it with the international accepted rate.

Methods: All patients who underwent pilonidal sinus surgery (under one surgeon) in the hospital between 1st of January 2012 and 31st of December 2016 were retrospectively analyzed using the hospital data system. All patients had excision of sinus followed by primary closure (deep tension sutures and interrupted skin sutures). Age, gender, complications (wound infection/dehiscence) and

recurrence rate recorded. All the data analyzed using MS office excel.

Results: Thirty-three patients are included in the audit, with maximum number of patients in 2016. All patients underwent excision of pilonidal sinus with primary closure. Disease predominance in male noticed with 3:1 ratio. The peak age for patients who underwent surgery were between 21–30 years. The number of patients (%) are as follows: wound infection, 11 (34%); wound dehiscence 9 (28%); 4 for pilonidal sinus: total no of patients included 33 complications occurred in 24 out of 33 their breakdown is 11, 9 & 4 (making 24 patients with complications).

Conclusions: Excision and primary closure for pilonidal sinus is safe and feasible procedure with recurrence of 12.5% which is comparable to international standards (7–42%) depending on various risk factors. The complications of wound infection and wound dehiscence are 36% and 28% respectively which is comparatively higher. Meticulous haemostasis, use of drains, second layer of suturing and antibiotics should be considered in complicated cases.

Keywords: Cystic lymph node; caseating granulomas; hepatobiliary tuberculosis for pilonidal sinus

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