

Pilonidal sinus over a rare site.



Medical Science

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ABSTRACT

Scalp is relatively unusual site for pilonidal sinus. Here we present a case who was a 15 year old male presented with a two year history of a slowly growing nodule on his scalp in occipital region. The lesion was excised and with the help of histological findings, it was diagnosed as a pilonidal sinus. The purpose of this review is to report the unusual occurrence of a pilonidal sinus on the scalp and review the literature regarding especially this location.

Introduction

Pilonidal sinus is a chronic inflammatory condition associated with the penetration of hair fragments into the skin [1]. It tends to occur frequently in the sacro-coccygeal area, although rare cases have been described in other sites, including chin [1], neck [2], face [3], nose [4-6], supra-auricle area, external ear, interdental space, and umbilicus. The purpose of this paper is to report an extremely rare case of pilonidal sinus of the scalp in the occipital area, and review the literature regarding especially this location.

Case Report

A 15-year-old man presented with a 2 year history of a slowly growing nodule on his scalp of occipital area. On physical examination, the patient had a 2x2-cm, minimally mobile, slightly tender subcutaneous nodule. There was an orifice on the lesion, intermittent discharge of pus from the orifice was defined. There was no history of trauma and he had no history of hair transplant. A flap of skin was elevated and a tuft of hairs was seen. We posted the case for excision. The lesion was surgically excised and sutured primarily.

We sent the specimen for histopathological examination which was single, hair bearing, gray brown, soft to firm tissue piece measuring 3x1x0.5cm on gross examination.

Microscopically H & E stained sections studied show breach in continuity of lining epithelium. Underneath seen are fibrocollagenous tissue, inflammatory infiltrate comprising of lymphocytes, plasma cells & neutrophils, histiocytes along with congested blood vessels. Based on the clinical and histological findings, the case was diagnosed as a pilonidal sinus. The patient has been well with no recurrence over a 2 month follow-up since surgery.

Discussion

Pilonidal sinus refers to any subcutaneous sinus which contains hair [6]. The aetiology of pilonidal sinus remains unclear [1, 2]. There are two main theories regarding its aetiology; acquired and congenital [3]. The majority of opinions favour an acquired pathogenesis, with hormones, trauma, friction and infection, all having a role [2]. In general, at least three conditions need to be fulfilled for a pilonidal sinus to occur: first is hair in the skin and, second, some kind of wrinkled skin, such as the natal cleft or a scar. The third condition is a mixture of hormonal and hygienic problem. All cases have not been explained by acquired

causes. If there was no trauma history and the lesion was present for a long time or since birth, congenital causes should be thought of in the aetiology. Pilonidal sinus is typically encountered in the sacrococcygeal region, but rare cases have been described at other sites [1-8]. There are extremely rare cases at head and neck localizations in the literature. In this paper, we present most of all the cases and their features at head and neck localization in the literature.

If hair is the first factor for pilonidal sinus, why do we not see pilonidal sinus cases in the scalp, frequently? Scalp tissue is dry and rough, but, if there is trauma, broken hair easily drills into macerated skin. In the table, all cases of pilonidal sinus of scalp had trauma history. In the present case, there was no trauma history and, the lesion had been present for approximately 2 years. So, the essential aetiological factor for this case is unclear. Although this lesion is rare in the scalp, it should be included in the differential diagnosis of subcutaneous head and neck nodules.





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