



PILONIDAL SINUS OVER SCALP

General Surgery

Dr. Ajit Singh. P. Chadha

M.S.(Gen. Surg.), M.Ch.(Plastic)

**Dr. Nehadeepkaur
Ajitsingh Chadha ***

Surgery Resident *Corresponding Author

ABSTRACT

A 35 Year old man came with 8 years history of slowly growing nodule over occipital region, right side. The lesion was excised upto periosteum & split thickness graft was put over the defect. He was a known case of hypothyroidism and was on treatment for the same.

KEYWORDS

INTRODUCTION

Pilonidal Sinus is a chronic inflammatory condition associated with the penetration of hair fragment into the skin¹. Common site is gluteal cleft but rarely it may occur at the chin (1), neck (2), face (3), nose (4-6), scalp (7-10), supra-auricle area (11), external ear (12), interdental space (13), and umbilicus (14).

The reason of presenting the paper is to repost an unusual case of pilonidal sinus on the occipital region and review the literature.

STUDY

35 year old male presented with 8 years old history of nodular lesion over right occipital region of size 2x2cm increased to attain the size of 8x8cm. There was history of intermittent pus discharge.

No H/O trauma.

His biopsy report came as pilonidal sinus.

Histologically hair shafts were embedded in the granulation tissue covered with benign squamous epithelium. There were foreign body giant cells acute/chronic inflammatory cells.

Based on clinical as well as histological findings it was diagnosed as pilonidal sinus.

DISCUSSION

Pilonidal sinus is a subcutaneous sinus which contains hair(6) and has an unclear etiology (1, 2, 11) There are two theories regarding its development, Congenital & Acquired. Pilonidal sinus is extremely rare in head and neck region. It was first described by Herbert Mayo (1833). In 1880 Hodge suggested the term 'pilonidal' from latin 'pilus' for hair & 'nidus' meaning nest. Later Karyadakis defined the pathogenesis of the disease. In the beginning, congenital theory was postulated but later on acquired theory was accepted.

Friction, suction, massage, shaving, pounding are some etiological factors for pilonidal sinus.



LESION OVER RIGHT OCCIPITAL REGION



EXCISED LESION



10 DAYS POST OP



6 MONTHS POST OP

REFERENCES

1. Oudit D, Ellabban M, Eldafi D, Crawford L, Juma A. Pilonidal sinus of the chin. *Plast Reconstr Surg* 2005;115:2153-4. [CrossRef]
2. Meher R, Sethi A, Sareen D, Bansal R. Pilonidal sinus of the neck. *J Laryngol Otol* 2006;120:e5. [CrossRef]
3. O'Sullivan MJ, Kirwan WO. Post-traumatic pilonidal sinus of the face. *Br J Dermatol* 2000;143:1353. [CrossRef]
4. Llambrich A, Rocamora V, Garcia de la Torre JP, Sánchez MC. Pilonidal sinus of the nose. *Eur Acad Dermatol Venereol* 2006;20:1004-5.
5. Schache DJ, Stebbing A, Rees M. Congenital pilonidal sinus of the nose. *Aust N Z J Surg*. 1989;59:511-2. Comment in: *Aust N Z J Surg* 1992;62:497. [CrossRef]
6. Paulose KO, al Khalifa S, Raj SS, Saeed T. Pilonidal sinus of the nose. *J Laryngol Otol* 1989;103:1210-3. [CrossRef]
7. Chiu MW, Abrishami P, Sadeghi P. Letter: pilonidal cyst of the scalp. *Dermatol Surg* 2008;34:1294-5. Epub 2008 Jun 27.
8. Kosaka M, Kida M, Mori H, Kamiishi H. Pilonidal cyst of the scalp due to single minor trauma. *Dermatol Surg* 2007;33:505-7. [CrossRef]
9. Moyer DG. Pilonidal cyst of the scalp. *Arch Dermatol* 197;105:578-9.
10. Tromovitch TA. Pilonidal cysts of the scalp. *Arch Dermatol* 1972;106:601. [CrossRef]
11. Yokoyama T, Nishimura K, Hakamada A, Isoda KI, Yamanaka KI, Kurokawa I, et al. Pilonidal sinus of the supra-auricle area. *J Eur Acad Dermatol Venereol* 2007;21:257-8.
12. Woodward WW. A pilonidal sinus of the ear. *Aust N Z J Surg* 1965;35:72-3. [CrossRef]
13. Uysal AC, Alagöz MS, Unlü RE, Sensöz O. Hair dresser's syndrome: a case report of an interdental pilonidal sinus and review of the literature. *Dermatol Surg* 2003;29:288-90. [CrossRef]
14. Schoelch SB, Barrett TL. Umbilical pilonidal sinus. *Cutis*. 1998;62:83-4.