



PILONIDAL SINUS EXCISION SECONDARY HEALING VERSUS EXCISION WITH FLAP CLOSURE: AN UNSOLVED DILEMMA

General Surgery

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ABSTRACT

Introduction: Various treatment strategies have been proposed for pilonidal sinus, with surgical intervention being the mainstay of treatment. However, which surgical technique is better is still a matter of debate. In this study we want to compare the flap closure technique with the secondary healing. **Method:** This is a prospective case control study conducted at ESICMCH bihta, patna were 50 patient diagnosed with pilonidal sinus were divide into two groups, one with excision and other with excision with flap closure, and compared. **Result:** in our study the flap coverage group had lesser hospital stay, and faster recovery. However, excision only group had uneventful recovery with lesser complications. **Conclusion:** The excision with flap coverage heals faster, but excision with secondary intention appeared to have lesser complications.

KEYWORDS

pilonidal sinus, limberg flap, secondary healing

INTRODUCTION:

Pilonidal sinus, also known as jeep disease, is a disease of young. Various etiological factors have been proposed[1]. the treatment is challenging, with various surgical techniques and methods proposed for the treatment of pilonidal sinus.[2] However none of the techniques is established to be better than the other. The ideal treatment aims at complete cure of the disease with no recurrence, and faster return to day to day activities. Various studies in the past have given conflicting results with one claiming limberg flap to be better and the other concluding that secondary healing is better.[3] In this study we compare the limberg flap with the old school secondary healing in the population of rural india.

METHODS:

this is a prospective case control study conducted at department of general surgery, ESICMCH, Bihta Patna. 50 patients diagnosed with pilonidal sinus were randomly divided in two groups. Cases were the patients that underwent excision with limberg flap closure and the controls were the one who underwent excision and secondary healing.

Inclusion Criteria:

Patient diagnosed with primary or recurrent pilonidal sinus, and willing to participate in the study.

Exclusion Criteria:

Patients suffering from comorbidities, patients with immunocompromised states, patients with pilonidal sinus other than the midline, and patients not willing to participate in the study.

RESULTS:

In this study, the maximum number of patients were young adults, with males dominating over females. (38/12). 12 Patients suffered from recurrent pilonidal sinus. The patient underwent routine pre operative investigations and were taken up for surgery. The duration of surgery was significantly shorter in excision group compared to excision with flap coverage group. The mean duration of hospital stay for both the groups was comparable at our centre. the patients of excision group with secondary healing were discharged when the wound showed healthy granulation tissue. Patient were regularly followed up for alternate day sterile dressing. Patients in the excision with flap coverage group were discharged the next day of the drain removal. The patients were advised follow up in surgery department for alternate day dressings. Sutures were removed on post op day 14.

The patients of the flap coverage group suffered more complications compared to the excision only group. The complications that the patients had was skin ischemia and partial flap necrosis, wound

dehiscence, and seroma formation. The excision only group suffered fewer complications, namely wound infection & delayed healing.

CONCLUSION:

Both the treatment modalities for the pilonidal sinus are equally effective. However, at our centre we faced more complications in the excision of pilonidal sinus with flap coverage than excision with secondary healing. Hence we advocate excision of the sinus with secondary healing at our centre.

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