INTERMAMMARY PILONIDAL SINUS: A CASE REPORT

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ABSTRACT
Pilonidal cysts and sinuses are described as dermoid cysts containing follicles of hairs and sebaceous glands. They clinically present as pain, local infection and redness.
Pilonidal sinus (PS) is a frequent condition occurring twice as common in men than women. The sinus is a blind tract lined with granulation tissue, which ends in a cavity containing pus. The commonest site is the sacrococcygeal, however it may be also be seen in the axilla, groin, inter-digital web, umbilicus, or even on the foot.
It is most commonly seen in the age group between 15 to 30 years. We present a rare case of pilonidal sinus occurring in the intermammary region in a young girl of 20 years.

Keywords: Intermammary Pilonidal Sinus, Pilonidal Cyst, Pilonidal Disease

INTRODUCTION
Pilonidal cysts and sinuses are described as dermoid cysts containing follicles of hairs and sebaceous glands. They clinically present as pain, local infection and redness.
Pilonidal sinus (PS) is a frequent condition occurring twice as common in men than women. The sinus is a blind tract lined with granulation tissue, which ends in a cavity containing pus. The commonest site is the sacrococcygeal, however it may be also be seen in the axilla, groin, inter-digital web, umbilicus, or even on the foot.
It is most commonly seen in the age group between 15 to 30 years. We present a rare case of pilonidal sinus occurring in the intermammary region in a young girl of 20 years.

CASES
A 20 years old female presented with a discharging sinus in the intermammary region since six months. Local examination showed a single discharging sinus with induration. After routine investigations she was posted for surgery under general anesthesia. Complete excision of sinus tract with abscess cavity was done after delineating the tract with methylene blue. Primary closure was done after irrigating the wound with povidone and hydrogen peroxide. Histopathology showed pilonidal sinus tract with acute on chronic inflammation.

DISCUSSION
In 1880 Hodge coined the term ‘pilonidal’ from the Latin word pilus meaning hair and nidus meaning nest (Lion-Cachet, 1971). Pilonidal disease is a wide spectrum consisting of asymptomatic hair containing cysts with sinus to large abscess. The etiology of pilonidal sinus has changed from the congenital to the accepted acquired theory (Richardson, 1994; Chintapatla et al., 2003). The high recurrence rate after excision also helps in support of the acquired theory.
Pilonidal sinus is a granulation lined tract which ends in a cystic cavity lined with epithelium. The most commonest site being the sacrococcygeal region but may also be seen in the axilla, groin, inter-digital web, umbilicus, or even on the foot (Al-Jaberi, 2001) and penis (Val-Bernal et al., 1999). The pathogenesis is suggested on the basis that with the onset of puberty there is a rise in the sex hormones that act on the pilosebaceous gland and hair follicle causing it to become distended with keratin. This results in folliculitis causing edema and occlusion of the follicle. The infected follicle ruptures in the subcutaneous tissue forming an abscess, which leads to the formation of the sinus tract. Secondary tracts are formed as the abscess spontaneously drain to the skin surface (Chintapatla et al., 2003).
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Intermammary pilonidal sinus presents as pain with discharging sinus. In the early stages only cellulitis will be present, later on abscess formation results when folliculitis expands in the subcutaneous tissue and burst to form secondary tract openings. In chronic condition the sinus gets converted into an open cavity which keeps discharging fluid (Hull, 2002; Surrel, 1994). The treatment for intermammary pilonidal sinus is wide excision of sinus tract and abscess cavity. Methylene blue should be injected to delineate the tract. Recurrence was less likely to occur when methylene blue was used intra-operatively to delineate tract as small tracts may be missed during excision (Doll et al., 2008). The various surgical options are wide excision with primary closure, wide excision with healing by secondary intention or plastic surgery with use of rotational flap (Ertan et al., 2005). The other techniques like topical polyphenols (Aksoy et al., 2010; Gulpinar et al., 2013) and laser epilation (Abbas et al., 2013; Benedetto and Lewis, 2005) may also be tried. The new technique excision and tension-free primary closure using fibrin glue in order to obliterate the dead space and to promote wound healing has also been described (Greenberg et al., 2004).

Figure 1: Pilonidal sinus of the intermammary region

Figure 2: Pilonidal sinus

Figure 3: Excised sinus tract

Figure 4: Primary closure after wide excision

REFERENCES
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