Perineal pilonidal sinus. Case report

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Abstract

Pilonidal sinus is a very common disease and its most frequent location is in the presacral area. Other locations are extremely rare. We describe the case of a 28-years-old white man, a baker by profession, with a swelling around the right side of the anus, pain with burning, itching and seropurulent secretion wich had been present for 7 months. A physicial examination demonstred the presence of multiple cutaneous fistulas. A fistulography and the endoscopy demonstred the absence of fistulas-in-ano. Moreover, MRI confirmed the diagnosis of a perianal mass not communicating with the anal canal. Surgical exploration revealed the presence of hair and an excision of the mass with fistulas was performed. Healing was rapid and uncomplicated.
Perineal pilonidal sinus with foreign body inflammatory reaction was the histological diagnosis.
Key words: Pilonidal sinus, pilonidal cyst, perianal fistula, surgery.

Introduction

Pilonidal sinus was first described by Mayo in 1833 (1) and Hodges in 1880 (2) was responsible for the term "pilonidal sinus". It is a very common disease and its most frequent location is in the presacral area. Other locations (axillary area (3), umbilical area (4, 5), interdigital (6), perianal (7-8), para-anal (9), intra-anal (2, 10), suprapubic (11, 12) and above-knee amputation stump (13) are extremely rare. We described a case of perineal pilonidal sinus extended on the right side of the anus without communication with the anal lumen.

Case report

A 28-years-old white man, a baker by profession, was admitted to our University Department of Surgery with a swelling around the right side of the anus wich he had had for 10 years and pain with burning, itching and seropurulent secretion wich had been present for 7 months. A physicial examination demonstred the presence of multiple cutaneous fistulas (Fig. 1). A fistulography and the endoscopy demonstred the absence of fistulas-in-ano. Moreover, MRI confirmed the diagnosis of a perianal mass not communicating with the anal canal.

Riassunto

SINUS PILONIDALE PERINEALE. CASE REPORT

Le cisti e fistole pilonidali rappresentano una patologia estremamente commune a maggiore localizzazione nella regione pre-sacrale. Altre sedi sono estremamente rare.
Gli AA. Riportano il caso di un uomo di 28 anni, di professione panettiere, affetto da un rigonfiamento intorno al lato destro dell' ano con dolore, bruciore, prurito e secrezione siero-purulenta presenti da circa 6 mesi. L'esame obiettivo dimostrò la presenza di molteplici tramiti fistolosi; la fistolografia e l'endoscopia dimostrarono l'assenza di comunicazione con il canale anale. Una RMN, inoltre, confermò la diagnosi di massa perianale non comunicante con il canale. Si eseguì l' asportazione chirurgica della massa con i tramiti fistolosi e contenente peli all'interno. La guarigione è stata rapida e priva di complicazioni. La diagnosi istologica è stata di sinus pilonidale perianale con reazione infiammatoria da corpo estraneo.
Parole chiave: Sinus pilonidale, cisti pilonidale, fistola perianale, chirurgia.

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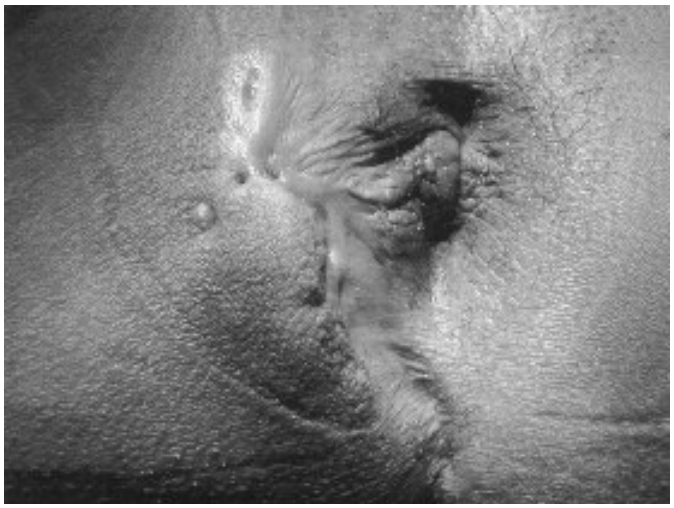

Fig. 1: Swelling around the right side of the anus with multiple cutaneous fistulas.

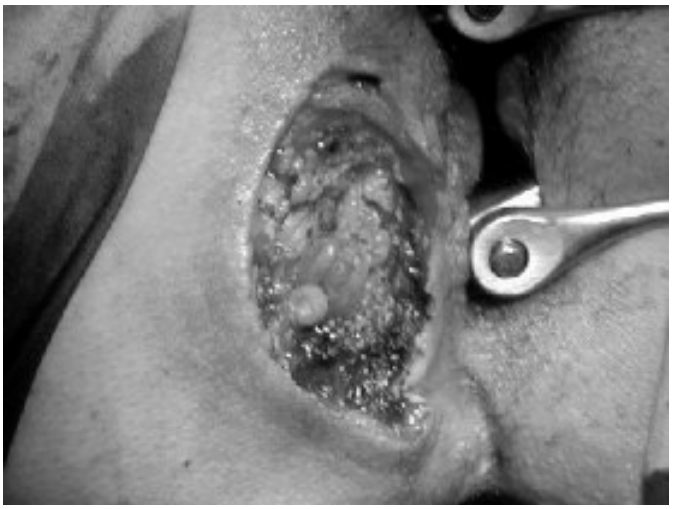

Fig. 2: Surgical excision of the mass with fistulas.

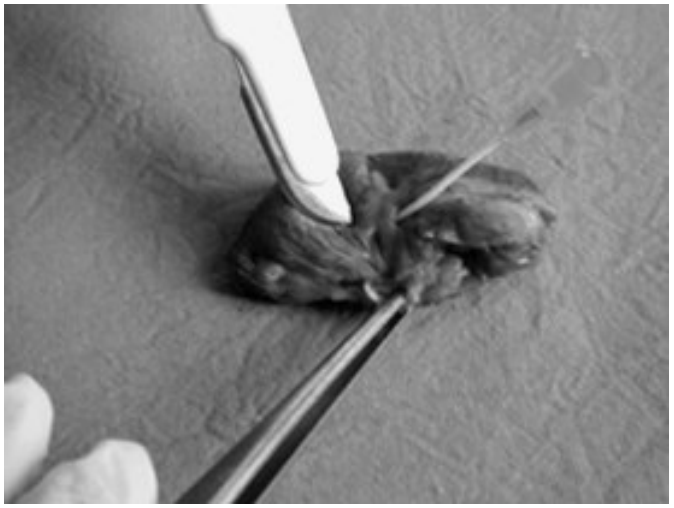

Fig. 3: The removed mass contains hair.

Surgical exploration revealed the presence of hair and an excision of the mass with fistulas was performed (Fig. 2 and 3). Healing was rapid (Fig. 4) and uncomplicated. At the last follow-up the patient had no recurrence two years and six months after the operation.
Perineal pilonidal sinus with foreign body inflammatory reaction was the histological diagnosis.

Conclusions

Several perineal abscesses or perianal fistulas resulting from sacrococcygeal pilonidal sinus with subcutaneous track extending anteriorly were observed. Only five perineal pilonidal sinuses without anal fistulas have been previously reported (7, 9) and no cases have been reported in Italy.

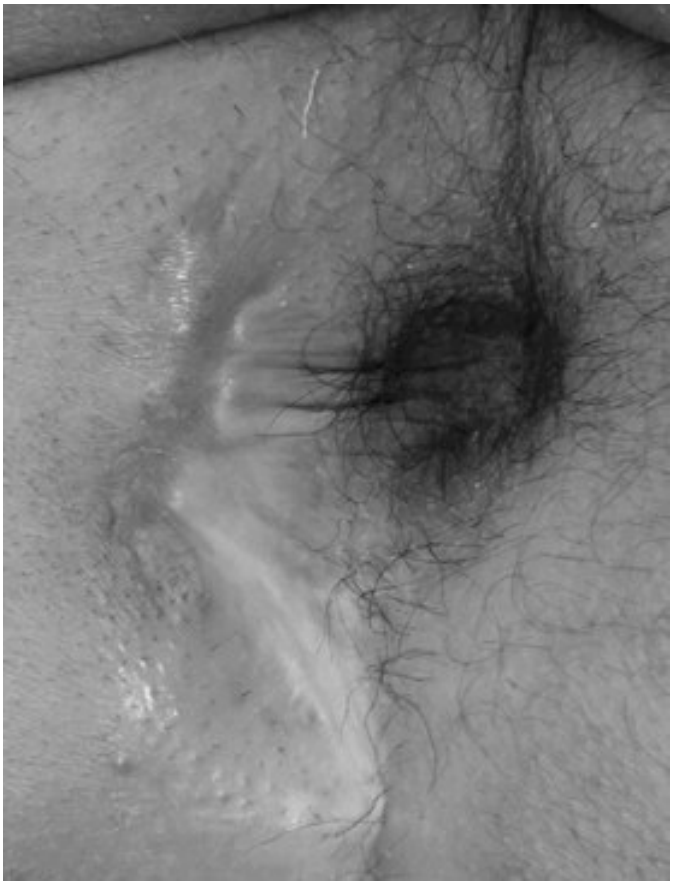

Fig. 4: The cutaneous perineal area 3 weeks after surgical treatment.

This case probably represents a primary lesion of perineum, since the patient had no previous operations for perianal suppuration with possible implantation of hair-bearing skin at the time of surgery (9).
The perineum is, therefore, a very rare location of pilo-

nidal sinus, but we believe that this disease may be more common than literature reports also because sometimes differential diagnosis with perianal hidradenitis suppurativa might not be right. However the association of pilonidal sinus with perianal hidradenitis suppurativa is not infrequently seen (14).

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