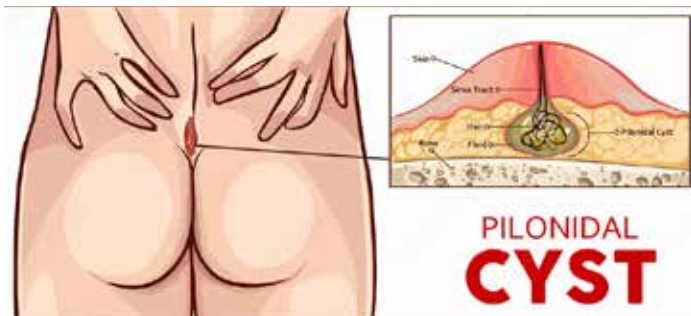


WHAT IS PILONIDAL DISEASE?

Pilonidal disease is a chronic skin infection in the crease of the buttocks near the coccyx (tailbone). More common in men than women, pilonidal disease most often occurs between puberty and age 40. People who are overweight and who have thick, stiff body hair are more likely to develop pilonidal disease.



WHAT IS THE CAUSE OF PILONIDAL DISEASE?

The cause of pilonidal disease is not completely understood. Hair often grows in the crease between the buttocks. These hairs can penetrate the skin at the top of the buttock crease. Hairs can get caught under the skin in this area, which can result in irritation, infection, and formation of an abscess.

WHAT ARE THE SYMPTOMS OF PILONIDAL DISEASE?

Symptoms can vary from very mild to severe and may include:

- Small dimple
- Irritation
- Large painful mass (inflammation or abscess)
- Clear, cloudy, or bloody fluid drainage from the affected area
- If infected, the area becomes red and tender, and the drainage (pus) smells foul
- If infected, the patient may have fever, nausea, or feel ill

WHAT ARE THE DISEASE PATTERNS OF PILONIDAL DISEASE?

Nearly all patients are initially diagnosed when having an acute abscess episode, in which the area is swollen, tender, and pus may drain from it. After the abscess goes away, either by itself or with medical care, many patients develop a pilonidal sinus. The sinus is a cavity below the skin surface that connects to the surface through one or more small openings (pits). Some sinus tracts may resolve on their own; however, most patients need minor surgery to remove them.

HOW IS PILONIDAL DISEASE DIAGNOSED AND TREATED?

Treatment depends on the disease pattern. Once diagnosed and any active inflammation or infection is treated, the primary therapy is keeping the area free of hair by using topical depilatories, shaving, or laser hair removal. The treatment for an abscess is drainage. An incision is made that allows pus to drain, reducing inflammation and pain. This procedure can usually be performed in a physician's office using local anesthetic. If there is significant inflammation of the skin, antibiotics may be prescribed.

IS SURGERY NEEDED FOR PILONIDAL DISEASE?

Complex or recurring infections are treated surgically, either through excision or unroofing (opening) the sinuses. Unroofing the sinuses, involves opening the abscess and tracts and trimming the edges of skin. Operations with complete excision of tracts and any abscess cavity often result in better long-term outcomes, although healing takes longer. Closure with flaps (moving healthy body tissue into the area) has a greater risk of infection but may be required in some patients. A colorectal surgeon will discuss options and recommend the most appropriate surgery.

WHAT POSTSURIGCAL PROGNOSIS FOR PILONIDAL DISEASE?

If the wound is left open, dressings or packing are used to help remove secretions and allow the area to heal from the inside out.

After the wound is closed and healed, the skin in the buttocks crease must be kept clean, dry, and free of hair. It is necessary to shave or use a hair removal agent every two or three weeks until the age of 30. After that age, hair shafts thin out and soften, and the depth of the buttock cleft lessens. Pilonidal disease can be a chronic, recurring condition, so it is important to follow the physician's postsurgical care instructions

WHAT IS A COLORECTAL SURGEON?

Colorectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board certified colorectal surgeons complete residencies in general surgery and colorectal surgery and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. These colorectal surgical experts are well-versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions when necessary.



Source: American Society of Colon and Rectal Surgeons

To learn more, visit TCRSColonDoctors.com.



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