A Comparison Between the Incidence of Complications Following Fasciocutaneous Flap and Secondary Healing (Open) of Pilonidal Sinus in Imam Khomeini Hospital During the School Year 78-79

ABSTRACT

Pilonidal disease affects mostly young men during work and educational years and bears a host of complications. After excision of the pilonidal sinus, some surgeons leave the wound open (secondary healing) and others close the wound primarily. The aim of this study is to compare mean duration of stay, length of operative procedure, length of time to return to work, wound infection rate, recurrence rate, the residual scar, the amount of pain endured, number of dressings required after the procedure and the amount of time required for complete healing in pilonidal sinus patients undergoing each of the above procedures.

Fifty patients with chronic pilonidal sinus were randomly chosen to undergo one of these surgical procedures. One-half were treated by surgical excision and fasciocutaneous flap (Group A), the other half were treated with surgical excision and secondary healing (Group B). All the patients were followed up during a six month interval.

No cases of infection or recurrence were seen. Although Group A patients had significantly longer hospital duration of stay and the procedure performed was more time consuming, compared to those of Group B (P<0.001). But in this group of patients (Group A), the length of time to return to work, the residual surgical scar, the amount of pain and the number of postoperation dressings and the time required for complete healing were significantly less than group B patients (P<0.001).

Considering the lesser complication rates observed in group A patients, and in view of the youth and health of the majority of pilonidal sinus patients which renders them tolerant to the lengthy procedure, the performance of the fasciocutaneous flap procedure is not only more cost effective but also results in more rapid return to work and greater patient satisfaction. This procedure is strongly recommended to other colleagues in this regard.

Key Words: Pilonidal sinus; Surgical-flap-method; Fasciocutaneous flap.