

### Surgical treatment of chronic sacrococcygeal pilonidal sinus. Open method versus primary closure

To the Editor

I read with interest the recently published article in Saudi Medical Journal, entitled "Surgical treatment of chronic sacrococcygeal pilonidal sinus. Open method versus primary closure" by Kareem.<sup>1</sup> The author favors primary closure as the method of treatment and I also concur the same. We in the Huraymala General Hospital, Kingdom of Saudi Arabia, from 1996–1999 managed the pilonidal sinus disease with excision and primary closure with good results. Our technique was similar to that of the author except, we placed a suction drain before closing (Table 1 & 2).

**Table 1** - Huraymala General Hospital total no. of cases.

Variable	N=56
<i>Gender</i>	
Males	55
Female	1
<i>Nationality</i>	
Saudi	9
Non-Saudi	47

**Table 2** - Recurrence at second year of treatment.

Complications	N (%)
Follow-up	24 months
Minor wound infections	2 (1.12)
Major wound infections	2 (1.68)
Recurrence	3 (1.12)
Total	7 (3.92)

There are many treatment options for the pilonidal sinus disease but an ideal treatment should be simple to perform, should have early healing, minimum wound care and a low recurrence rate with good cost effectiveness.<sup>2</sup>

Excision and primary closure is close to an ideal operation for the pilonidal sinus disease. Many researchers have advocated wide local excision and primary closure due to its shorter healing time from 10-14 days and recurrence rate approximately 15%.<sup>3</sup>

*Theophilus V. Bhushan*  
Assistant Professor  
J.N. Medical College  
Belgaum, Karnataka  
India

#### Reply from the Author

We thank Dr. Bhushan for his comments. In our study, we depended on wide excision, good hemostasis by electro-coagulation without putting any stitches inside the wound and without leaving any drain. As pilonidal sinus is already resulting from foreign body reaction, we believe that putting stitches or drains inside the wound may aggravate this foreign body reaction. Ligation of the stitches of the first layer over a pack on the wound (figure 3b of our article),<sup>1</sup> helps hemostasis by pressure over the wound and protects the configuration of the area as the natal cleft is not a flat surface.

*Tayeb S. Kareem*  
Department of Surgery  
College of Medicine,  
Hawler Medical University,  
Erbil, Kurdistan,  
Iraq

#### References

- Kareem TS. Surgical treatment of chronic sacrococcygeal pilonidal sinus: Open method versus primary closure. *Saudi Med J* 2006; 27: 1534-1537.
- Bascom J. Pilonidal sinus. Current therapy in colon and rectal surgery. Toronto: BC Decker; 1990: 32-39.
- Kronberg O, Christiansen K, Zimmermann-Nielson C. Chronic pilonidal sinus disease: A randomized trial with complete three year follow up. *Br J Surg* 1985; 72 : 303-304.