

Umbilical Pilonidal Sinus

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ABSTRACT

A pilonidal sinus is commonly reported in sacrococcygeal region. We present an adult male with umbilical pilonidal sinus. Conservative treatment failed in this patient thus umbilectomy was performed. Postoperative course was uneventful and no recurrence was noted at follow up.

Key words Umbilical pilonidal sinus, Umbilectomy, Umbilical discharge.

INTRODUCTION:

Pilonidal sinus of umbilicus is a rare disease characterized by a discharging sinus in the umbilicus often containing hair and skin debris. Although pilonidal sinus typically occurs in the sacrococcygeal region, few occurrences in literature have been reported in the umbilical region as well.^{1,2,3} Herein we report a case of pilonidal sinus at umbilicus.

CASE REPORT:

A 30 year old male, otherwise healthy, with no comorbid, presented with a 4 month history of discomfort due to pain at umbilicus with bloody and purulent discharge. Examination revealed a hairy abdomen and a sinus opening within the umbilicus from which a tuft of thick hair was protruding. Umbilical pilonidal sinus was diagnosed clinically (Fig-I). Surgical treatment was planned as the pathology did not resolve conservatively with the use antibiotics earlier.

Preoperatively prophylactic antibiotic was started along with analgesics. Under general anesthesia, an elliptical incision was made around umbilicus and umbilectomy with excision of umbilical pilonidal sinus was performed with the help of a guiding probe. No drain was kept. Skin was closed by subcutaneous continuous sutures using polypropylene. The umbilicus specimen was sent for histopathology (Fig-II).

Postoperatively the patient was given 3 doses of antibiotics and discharged on the following day. Patient had no postoperative complication. Wound healed completely in a week after which the suture was removed. Patient is currently on follow-up and no recurrence noted at 6 months follow up.

Histopathology of the umbilical pilonidal sinus revealed strands of hair coming out of a sinus opening at skin surface. Microscopically it showed foreign body reaction to hair leading to granulomatous inflammation and presence of a sinus lined by granular tissue.

DISCUSSION:

Pilonidal Sinus is rarely reported in the umbilical region. It should be considered as one of the differential diagnosis in a patient complaining of umbilical discharge.⁴ The theory of pathogenesis of umbilical pilonidal sinus being congenital in origin has not achieved much recognition in the recent past mainly due to evidence of acquired findings in many patients such as hair penetration of skin. Clearly the pathogenesis of hair penetrating the skin leading to foreign body reaction and discharging tract formation lined by granular tissue is acknowledged broadly.⁵

Presentation of umbilical pilonidal sinus is typically with pain and discharge which may be blood stained.² It can easily be diagnosed on a careful clinical examination and additional radiological investigations may not be necessary.⁴ Conservative treatment such as taking aseptic measures by cleaning and removal of hair from the umbilical pilonidal sinus helps but recurrence is likely to occur.^{5,6} Umbilectomy has been proved to be helpful with complete recovery.^{2,4}

Umbilectomy with wound closure by secondary intention prevents its recurrence.³ In this method no stitches are applied to the wound, and the scar thus

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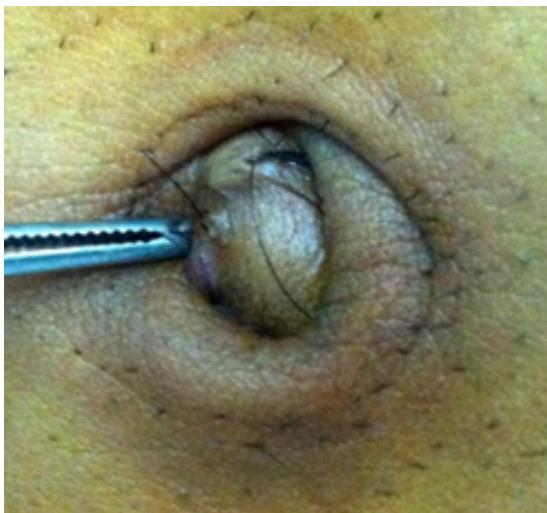


Fig I: Tuft of hair protruding out of the umbilical pilonidal sinus



Fig II: Umbilicus specimen showing tuft of thick hair protusion

formed in the end, appears to be similar to an umbilicus. Additionally, newer techniques involving preservation of umbilicus and removal of the sinus have been introduced. Both these techniques are cosmetically preferred and have equally shown to be beneficial compared to umbilectomy, without recurrences.⁷

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Arshadullah Khan: Concept, design, data collection and final approval.

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