

شبكة المعنومات الحامعية

CLETTON TONING CONTROLLED TO





تبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيل



جامعة عين شمس

التوثيق الالكتروني والميكروفيلم



نقسم بللله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأفلام قد اعدت دون آية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار % 40-20 منوية ورطوبة نسبية من 20 – 40 % To be kept away from dust in dry cool place of 15-25c and relative humidity 20-40 %



ثبكة المعلومات الجامعية





ثبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة

RECENT TREMDS IN TREATMENT OF PILONIDAL SINUS

Essay

Submitted for Partial Fulfillment of Master Degree in General Surgery

By

Shab Mouris Botros M.B.,B.Ch.

Supervised by

Prof. Dr. Sayed M. Rashad

Professor of General Surgery Faculty of Medicine - Ain Shams University

Prof. Dr. Abd El-Moneium Wahba

Assis. Professor of Vascular Surgery Faculty of Medicine - Ain Shams University

Dr. Ahmed Hilal Hamouda

Lecturer of General Surgery Faculty of Medicine - Ain Shams University

> Faculty of Medicine Ain Shams University 2001



Achnowledgement

First of all, thanks to God, without his help this work could not be accomplished.

I would like to express my sincere gratitude and appreciation to Prof. Or. Sayed M. Rushad, Professor of Jeneral Surgery, Ain Shams University, for his valuable knowledge, great help, meticulous supervision and kind encouragement during this work. Nords of thanks are little to express my gratefulness for him.

I would like also to thank Dr. Alumed Hilal, Lecturer of General Surgery, Nin Shams University, for his sincere help, continuous support and his worthy knowledge which have been of paramount importance to complete this work.

Finally, I would like to thank all persons who helped me in this work.

R. Red Mouris Rolling

CONTENTS

<u>Page</u>
• Introduction and Aim of the Work1
• Review of Literature4
- Chapter 1
Surgical Anatomy and Embryology4
- Chapter 2
Pathology7
- Chapter 3
Diagnosis and Investigations16
- Chapter 4
Treatment25
• Discussion
Summary and Conclusion
• References
Arabic Summary

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION

The term pilonidal sinus originates from the Latin word nidus for nest, pilus for hair and sinus for connection to the skin. Its etiology is unknown. The theory that it is congenital is largely discounted, but the acquired theory is supported by its rarity in children and its similarity to the condition seen between the fingers of barbers due to repeated contact with hair (Senapati et al., 2000).

The pathology of the condition is that of chronic sepsis. Epithelial lining of the pits extends for no more than 1-2 mm from the surface, below which chronic abscess cavities may ramify widely, but these are thought to be secondary to the pits than the primary condition. This disease rarely presents after the age of 40) years. Patients may be asymptomatic or present with an acute abscess, chronic discharging sinus or unhealed midline wound after surgery (Senapati et al., 2000).

The complications of pilonidal sinus disease include acute abscess formation, lumbar osteomyelitis and epidural abscess in recurrent pilonidal cyst especially in high risk patients as diabetics and squamous carcinoma in chronic pilonidal disease (*Khaira et al.*, 1995).

Most complications are due to over zealous treatment which should be avoided where possible (Senapati et al., 2000). Patients reporting for the first time with mild symptoms can sometimes be cured by conservative methods, which consist of cleaning out the track, removing all hairs from the area, or using sclerosants injection into the track. Being seated for a long time e.g., driving a car is avoided if possible. These measures, tried on a large scale in the U.S. Army, proved tolerably successful (Williams, 2000).

Surgical options available for treatment include conventional and recent methods. The conventional methods include: excision and healing by secondary intention, which requires regular wound dressing and shaving and produces 5-15% recurrence rates, and excision and primary closure with wound infection in 20% of cases (*Khaira et al.*, 1995).

Recent methods include Karydakis methods, which has been reported as having a high rate of success. Yet another recently described technique said to have a high incidence of success is that described by Bascom (Williams, 2000).

Karydakis procedure aims to flatten natal cleft and keep scar from midline. In expert hands, it produces excellent results. Success rates as high as 95% have been reported (Kitchen, 1996). Bascom procedure involves an incision lateral to the

midline which allows the chronic abscess cavity to be scrubbed free of hair and granulation tissue. Removal of the small midline pits is carried out with small incisions (7 mm). The lateral wound is then left open but the midline incisions are closed (Williams, 2000).

Aim of the Work

This study aims to compare the recent techniques in operating pilonidal sinus like Bascom's operation and Karydakis method with the conventional methods regarding: morbidity, speed of healing and recurrence rates, so as to reach agreement on the most suitable method of treatment of pilonidal sinus.

REVIEW OF LITERATURE