بسم الله الرحمن الرحيم

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تم رفع هذه الرسالة بواسطة / مني مغربي أحمد

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد

A Comparative Study between Excision and Reconstruction Using Superior Gluteal Artery Perforator Flap and Lay Open in Cases of Recurrent Pilonidal Sinuses

Thesis

Submitted for Partial Fulfillment of Master Degree in General Surgery

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List of Abbreviations

Abb.	Full term
ALT	Alanine Aminotransferase
AST	Aspartate Transaminase
CBC	Complete Blood Count
DM	Diabetes Mellitus
ECG	Electrocardiography
ED	Emergency Department
EGF	Endothelial Growth Factor
EMC	Excision with Midline Closure
GAP	Gluteal Artery perforator
HTN	Hypertension
IGAP	Inferior Gluteal Artery Perforator
INR	International Normalized Ratio
IPL	Intense pulsed Light
MB	Methylene blue
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
N	Number
NSAID	Non-Steroidal Anti Inflammatory Drug
PDGF	Platelet-Derived Growth Factor
PN	Pilonidal
PND	Pilonidal Disease
PNS	Pilonidal Sinus
pPS	Primary Pilonidal Sinus
PSD	Pilonidal Sinus Disease
PSIS	Posterior Superior Iliac Spine
PT	Prothrombin Time
PTT	Partial Thromboplastin Time
rPS	Recurring Pilonidal Sinus

List of Abbreviations cont..

Abb.	Full term
SGAP	Superior Gluteal Artery Perforator
SPSD	Sacrococygeal Pilonidal Sinus Disease
TGF-b	Transforming Growth Factor-b
UK	United Kingdome
VAC	Vacuum Assisted Closure
VEGF	Vascular Endothelial Growth Factor
WW II	World War II

INTRODUCTION

Pilonidal sinus is a small hole or tunnel in the skin at the top of the buttocks, where they divide (the cleft). It does not always cause symptoms and only needs to be treated if it becomes infected. It may fill with fluid or pus, causing the formation of a cyst or abscess. A pilonidal cyst usually contains hair, dirt, and debris. It can cause severe pain and can often become infected. If it becomes infected, it may ooze pus and blood and have a foul odour ***(Ferri, 2017).***

About 3 per 10,000 people per year are affected, and it occurs more often in males than females. Young adults are most commonly affected. The term "pilonidal" means "nest of hair. The condition was first described in **1833**. The exact cause of this condition isn't known, but its cause is believed to be a combination of changing hormones (because it occurs after puberty and typically does not occur after 45 years of age), hair growth, and friction from clothes or from spending a long time sitting ***(Khanna and Rombeau, 2011).***

Risk factors include obesity, family history, prolonged sitting, greater amounts of hair, and not enough exercise. It's also more common in people who sit a lot, like cab or taxis drivers. It's most commonly affects Caucasian males with coarse dark body hair. The underlying mechanism is believed to involve a mechanical process. The lesions may contain hair and skin debris ***(Khanna and Rombeau, 2011).***

Diagnosis is based on symptoms and examination. It is often difficult to distinguish pilonidal sinus from other anorectal conditions, such as a perianal fistula. Yet the main distinguishing feature is that a pilonidal sinus opens up onto the skin, but does not communicate with the anal canal like a fistula; this distinction can often be identified with rigid sigmoidoscopy. Extensive sinus formation and fistulisation may be assessed by MRI scanning of the natal cleft and buttocks, but further imaging is rarely necessary ***(Lee et al., 2000).***

Its pathophysiology is complex and far from understood. Although, the most widely accepted theory for pilonidal sinus disease development is starting from a hair follicle in the intergluteal cleft becoming infected or inflamed. This inflammation obstructs the opening of the follicle, which extends inwards, forming a pit (a characteristic feature of pilonidal sinus disease). A foreign body-type reaction may then lead to formation of a cavity, connected to the surface of the skin by an epithelialised sinus tract ***(Lee et al., 2000).***

Pilonidal disease does not always require surgical management. Conservative treatment of a PNS involves shaving the affected region and plucking the sinus free of any hair that is embedded. Any accessible sinuses can be washed out with water to prevent infection. Whilst antibiotics can be used in septic episodes, although any abscess present will require surgical drainage ***(Lee et al., 2000).***