Background

Sinusectomy (Lord-Millar-Marti) is an established surgical technique for Primary Pilonidal Disease (PPD). In case of recurrence, a wide excision with or without a flap is usually performed. In our division, we regularly use sinusectomy also for recurrences. This study aim was to demonstrate that sinusectomy can be efficiently used for recurrent Pilonidal Disease (RPD).

Method

We retrospectively reviewed consecutive cases of PPD and RPD operated from 01/07/2005 to 30/06/2015. Patients were separated in two groups according to their recurrence status. Demographics data were retrieved.

Primary outcome was recurrence of disease. Secondary outcomes were lengths of time-off work, time of healing and complication’s rate.

Results

There were 292 patients in the PPD group and 74 in the RPD group. With a median follow-up of 34 month [range 1-124months], we observed a total recurrence rate of 8.2%. In the PPD group, the recurrence rate was 7.19% compared to 12.16% in the RPD group. (p=0.164= non significant (NS)). The lengths of time-off work was 12 days in the PPD group and 11.5 days in the RPD group (p=0.673=NS). Healing time was 26 days in PPD group and 25 days in RPD group (p=0.839=NS). Complication rate was 5.14% in PPD group and 4.05% in RPD group (p=0.622 =NS).

Sinusectomy was realized under local anesthesia in 94.5% patients in PPD group and 89.2% patients in RPD group (p=0.0976=NS). Patients were treated in an outpatient setting in 99.3% of time in PPD group and 94.6% in RPD group (p=0.643=NS).

Conclusion

We demonstrated that sinusectomy shares similar outcomes of recurrence, recovery time and complication rate when it is used either for primary pilonidal disease or for recurrence. This technique may be a good alternative to more invasive procedures. Formally, further studies comparing directly sinusectomy to wide excisions for recurrent pilonidal disease are awaited.

References