



Colon & Rectal Surgery

Pilonidal Disease

What is pilonidal disease and what causes it?

Pilonidal disease is a chronic infection of the skin in the region of the buttock crease. This condition results from a reaction to hairs embedded in the skin, which usually occurs in the cleft between the buttocks.

The disease is more common in men than women. It often occurs between puberty and age 40. It also is common in people who are obese and in people with thick, stiff body hair.

What are the symptoms?

Symptoms vary from a small dimple to a large, painful mass. Often, the area will drain a clear, cloudy or bloody fluid. If the area becomes infected, it turns red and tender. In addition, the drainage (pus) emits a foul odor. The infection also may cause fever, discomfort or nausea.

The disease follows several common patterns. Nearly all patients have an episode of an acute abscess where the area becomes swollen and tender and may drain pus. Once the abscess resolves, either by itself or with medical aid, many patients develop a pilonidal sinus.

A pilonidal sinus is a cavity below the skin that connects to the surface with one or more small openings or tracts. Although a few of these sinus tracts may go away without therapy, most patients need a small operation to eliminate them.

A few patients develop recurrent infections and inflammation of these sinus tracts. The chronic disease causes episodes of swelling, pain and drainage. Surgery almost always is required to resolve this condition.

How is pilonidal disease treated?

Treatment depends on the disease pattern. An acute abscess is managed with an incision and then drained to release pus as well as reduce inflammation and pain. This procedure typically can be performed in the office with local anesthesia. A chronic sinus usually will need to be surgically opened or removed in the operating room as an outpatient procedure.

Complex or recurrent disease must be treated surgically. Procedures vary from “unroofing” the sinuses to removal and possible closure with flaps. Larger operations mean longer healing times.

If the wound is left open, it will require dressing or packing to keep it clean. The success rate with an open wound is high, even though the wound may take several weeks to heal.

Closure with flaps is a bigger operation that has an increased risk of infection; however, it may be needed in some patients. Your surgeon will discuss these options with you and help you select the appropriate operation.

What care is required after surgery?

If the wound can be closed, it will need to be kept clean and dry until the skin is healed completely. If the wound is left open, dressings or packing will be needed to help remove secretions so that the wound can heal from the bottom up.

After healing, the skin in the buttocks crease must be kept clean and free of hair. This is accomplished by shaving or using a hair removal agent every 2-3 weeks until the patient reaches 30 years of age. After age 30, a person's hair shaft begins to thin and become softer, and the buttock cleft becomes less deep.

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