

Summary and conclusion

pilonidal sinus usually affects adolescent or young adult males more frequently than females and especially hirsute individuals and the obese .

It was believed at one time that pilonidal disease to be of congenital origin and this thinking prevailed over the first three quarters of this century. During the last quarter of this century however there has been a gradual change in thinking such that most authors now consider pilonidal disease to be an acquired condition caused by hairs penetrating the skin of the natal cleft from outside and setting up a foreign body granulomaous reaction .

The common site of occurrence of pilonidal sinus is the postanal region but they had been reported to occur in other sites also : finger web, axilla , perineum , breast, suprapubic region and the umbilicus.

Pilonidal sinuses are usually easy to diagnose clinically without the help of any investigation , investigation may be needed with sinuses that are multiple or with accessory opening to one side .

Pilonidal abscess is the most common complications of pilonidal sinus , but squamous cell carcinoma , toxic shock syndrome and secondary tuberculous infection are less common .

Many procedures have been described to treat pilonidal sinus among which are techniques that leave the wound open or closed . all methods have different recurrence rates and average healing times.

Primary closure of pilonidal sinus wounds should be selective and reserved for uncomplicated disease.

Excision of all tissue down to the sacrum not required in surgical treatment of pilonidal sinus .

Asymetric and skin flap closures of pilonidal sinus wound are the most promising treatment but require hospital admission and are best performed by surgeons with an interest

conclusion.

The management of pilonidal sinus encloses a wide variety of surgery, no procedure satisfies the criteria of minimal patient inconvenience, reliable healing and low risk of recurrence. The best results in non infected cases will be achieved by attending to the detail of complete excision of all tracks and obliteration of dead space if the wound is closed Primary .