

Introduction and Aim of the work

Pilonidal disease was first described by Hodges in (1880) when he used the term “pilonidal sinus” to describe a chronic infection that contained hair and was usually found between the buttocks.

Pilonidal disease has its peak incidence between 16 and 20 years of age and remains high until age 25, when the incidence begins to decline rapidly (Goldberg, et al., 1980).

In a population study of Minnesota college students pilonidal sinus was noted at routine physical examination in 365 (1.1 percent) of 31497 male and 24 (0.11 percent) of 21367 females, but proportionately more females undergo treatment and so the ratio of patients treated is closer - roughly 4 : 1 (Mersh, 1990).

The pilonidal sinus occurs most commonly in the sacrococcygeal area (Page, 1969) but a Number of uncommon sites have been reported including the interdigital space, the umbilicus, the clitoris, the forehead above the eyebrow, the scalp and the axilla (Ohtsuka, et al., 1994).

Pilonidal sinus is an acquired disease due to obstruction of hair follicles in the natal cleft, often associated with ingrowth of hair, subcutaneous hair act as a foreign body, initiating a reaction which is often complicated by varying degrees of infection ingrowth is enhanced by the rolling or sucking action of the obese buttock, by prolonged sitting and vibration as illustrated by the epidemic of pilonidal disease seen in American Military personnel during the second world war (jeep driver's disease) (Souter, 1994).