INTRODUCTION

The term "Pilonidal Sinus" was first described by ***Hodges (1980)*** from the latin "Pilus" - hair and "nidus" - nest. The first reported case of apilonidal sinus that was successfully treated was described by ***Anderson (1847).*** The sinus was incised and the enclosed hair removed. The term pilonidal sinus, which is descriptive only and has no histogenetic or aetiological basis was applied to the post sacral type ***(Bascom, 1987).***

According to ***Monoro and McDermott (1965)*** the factors responsible for the development of pilonidal sinus would appear to be the deep natal cleft together with, in most patients, the presence of numerous hairs surrounding it, with their points noticeably directed toward its depth. The crease is also prone to the cellection of loose hairs, to sweaty and sebaceous maceration, to bacterial contamination, and minor sepsis. These factors account for the predominance of this condition in hirsute people with large buttocks and deep natal cleft. In addition the area is subject to weightly massage and internatal friction producing subcutaneous suction force ***(Bose and Condy, 1970).***

Pilonidal sinus occurs most commonly in upper part of natal cleft. This condition is not, however entirely limited to this site and has been reported in axilla, sole of foot, umbilicus, interdigital clefts, anterior chest wall, an above knee amputation stump and the perineum. Other rare sites was reported of affecting the penis ***(Jones, 1992).***

The many approaches to the treatment of pilonidal disease attest to the disatisfactions which surgeons have concerning the management of this apparently simple disease.

Techniques range from the open method (incision and dringage of the abscess with subsequent packing of wound) to a wide excision of the cyst or sinuses and primary closure without drainage. Between these two methods many other method surgical or conservative ***(Armstrong and Barcia, 1994).***

Rhomboid transposition flap which has the advantage of excellent blood supply and simplicity of the technique to general surgeons.

This technique obliterate the deep natal cleft and heals cleanly and rapidly by first intention ***(Gwynn, 1996).***

AIM OF THE WORK

To review and study all aspects related to pilonidal sinus to choose the best methos of management.