What is Pilonidal Disease?

Pilonidal disease is an infectious process that occurs in the groove between the buttocks over the coccyx (tailbone). It is a very common condition which usually affects young people. It may present as an acute abscess (boil), or as a chronic cavity (cyst) with several openings (pits). Commonly, the symptoms of pain and swelling may be followed by spontaneous drainage and improvement. Or, the abscess may be drained by a physician. Recurrence is common after drainage, although this may occur weeks or years later.

The term “pilonidal” originates from two words, pilo (hair) and nidus (nest). It has been given this name because a nest of hair is frequently found inside the cavity under the skin. In fact, it was known as “jeep driver’s disease” in World War II and was the number one cause for days missed from active duty.

The major factor leading to the development of pilonidal disease is the way we’re put together. The crack between the buttocks (natal cleft) is the source of 3 of the 4 factors which cause pilonidal disease to develop:

1. The cleft has very little padding (fat) under the skin, and the skin is tightly fixed to the coccyx and sacrum (tailbone) beneath. The buttocks themselves become a weight when we stand upright. This weight pulls at the skin which is tightly fixed to the tailbone. The hair follicles in the stretched skin can tear, and over a long period of time these torn hair follicles become tiny tubes lined by skin, called midline pits.

2. The natal cleft is one of a few areas in the body that has skin touching skin (like the underarm area, under the breasts, and in the groins). These areas of the body provide a warm, moist, dark area which is fertile ground for germs to grow. Adding to the problem is the anal opening located at the bottom of the natal cleft. This provides a rich source of bacteria for growth in the natal cleft.

3. The right and left skin surfaces of the natal cleft slide back and forth against each other when we walk. This creates a driving force which pushes loose material in the cleft from the surface deeper into the cleft. This can push lint or loose hairs and accompanying bacteria into the skin and pits, providing an ideal environment for growth and development of infection.

Once a pilonidal abscess develops, it usually becomes a persistent (chronic) problem rather than healing after the first episode.

How is an acute abscess treated?

An abscess is a walled off collection of infected fluid (pus). Pilonidal abscesses occur in the natal cleft and may extend to the right or left. The abscess develops over several days and causes severe pain and swelling. The primary treatment of an abscess is drainage. If an abscess does not drain on its own, it
should be drained either in the office or ER with local anesthetic or in the operating room using a regional or general anesthetic. As soon as an abscess is recognized, it should be drained. After the procedure, an open wound is present. This should be cleaned and packed with gauze twice each day. Antibiotics are generally not necessary because the body has already walled off the infection.

**How is chronic pilonidal disease treated?**

The symptoms of chronic pilonidal disease may be reduced by decreasing the amount of bacteria in the natal cleft. This may decrease the frequency or severity of recurrent acute infections, but it cannot be expected to eliminate the pilonidal sinus tract and cavity once it has formed. Local care includes:

1. Good hygiene with frequent cleaning using an antibacterial soap,
2. Use of an antibiotic ointment such as Bacitracin or Neosporin,
3. Hair removal from the natal cleft to reduce the surfaces on which bacteria may grow and to reduce the presence of loose hair in the natal cleft.

**Surgical options**

Once chronic pilonidal disease has developed, the only permanent solution is surgery. There are 4 main surgical options:

- Lateral incision and pit picking. The pilonidal disease is cleaned out from an incision to the side (lateral incision) and the midline pits leading under the skin are removed.
- Unroofing and secondary healing. The chronic abscess and tracts are opened and the edges are trimmed. The fibrous base of the process is left in place to reduce the size of the wound. The wound is cleansed and packed twice a day until healed.
- Cystectomy. The entire process is removed. The wound may be left open for packing (larger wound with longer healing time), or closed with sutures (higher rate of infection and need for opening the wound).
- Cleft lift procedure. A larger operation to remove the pilonidal disease and reshape and flatten the natal cleft. The incision is closed.

Of these 3 options, lateral incision and pit picking is the least successful. Unroofing with secondary healing is the smallest operation and has moderate success but takes time to heal and recurrence may occur. The cleft lift procedure is the most definitive approach since it addresses the 4 underlying factors that cause the pilonidal disease, however it is a larger procedure and requires significant recovery time. Your doctor will discuss these options with you and help you decide which is best for you.