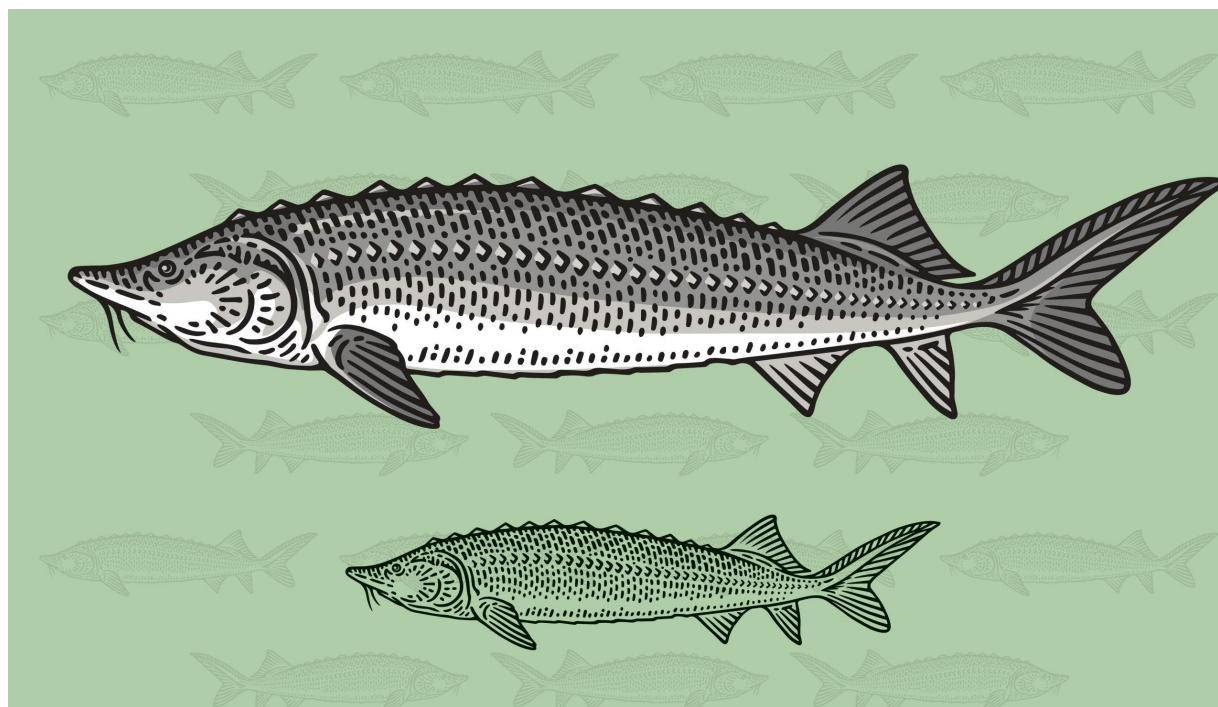


Pilonidal disease & EPSiT

Dr Aaron Lim

BPharm, MBBS(Hons), FRACS

Who am I?



Our practice

- **General surgery**
 - Gallbladders
 - Hernias
 - Simple skin, pilonidal
 - Scopes

- **Benign upper GI**
 - GORD
 - Bariatrics
 - Medication advice
 - Gastric balloon
 - Surgery



BRISBANE GENERAL & OBESITY SURGERY
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Allurion gastric balloon

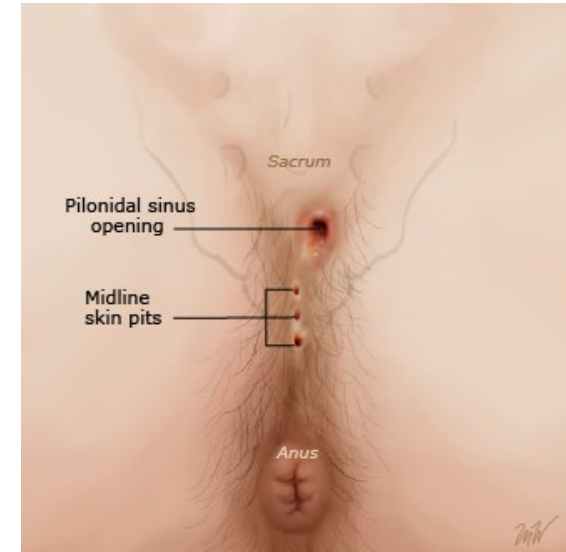
- BMI >27
- No gastroscopy or anaesthetic required
- Deflates and expelled in 4 months
- 15% weight loss in 4 months
- Only 2 clinics in SEQ offering this
- Placement at Exact Radiology Newstead



<https://bgos-allurion.com.au>

Pilonidal disease history and risk factors

- **Pilonidal sinus is an acquired disease resulting from a FB reaction to extruded hair in the skin. It consists of primary midline pits sited cephalad to the anal canal in the natal cleft with associated lateral secondary tracks.**
- “Nest (nidus) of hairs (pilus)”
- **Males 2-4x** more common than females
- Widespread in WW2 called “Jeep seat” or “Jeep rider’s disease”
- **Risk factors:**
 - Overweight
 - Individuals from racial backgrounds that have coarse, straight hair
 - Anatomy: deep and narrow natal cleft
 - Repeated trauma to natal cleft
 - Prolonged sitting
 - PCOS
- Hands of barbers, sheep shearers, and dog groomers have similar disease



Pathophysiology

Infected pilosebaceous gland and propagation to a chronic sinus related to FB reaction from a non-healing process



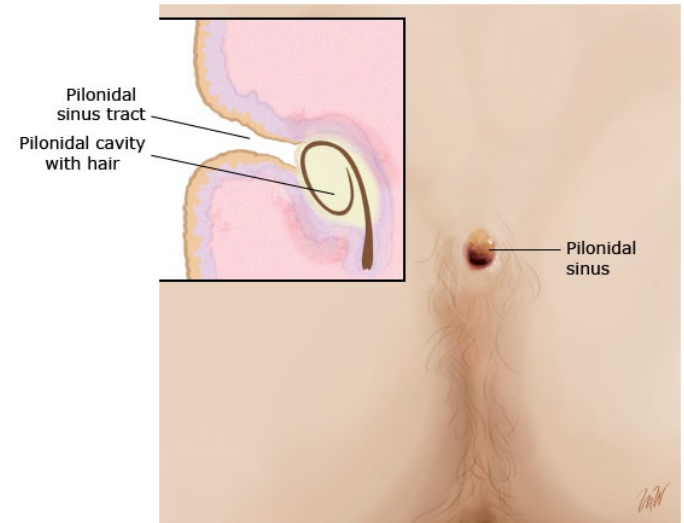
Loose hairs tend to gather to natal cleft due to the: anatomy, barb of hairs and suction of the buttocks on movement



These hairs migrate into the sinus, tip first, get trapped and aggravate the inflammatory process

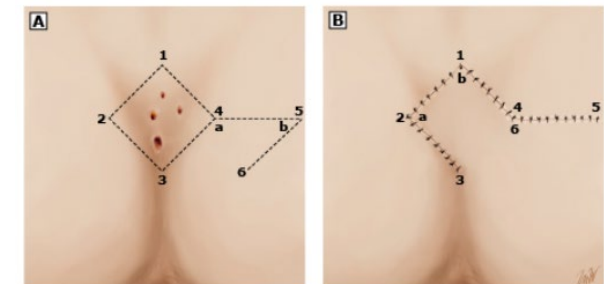
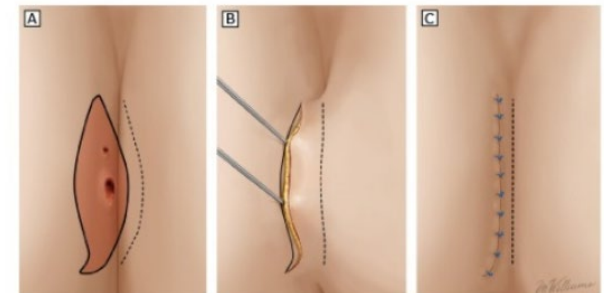


Resulting sinus can lead to abscess formation and chronic discharge



Management principals

- **Acute setting**
 - I&D
 - In those who remain asymptomatic can undertake conservative Mx with expectant treatment of minor sepsis since the disease **usually "burns" out by the 4th decade**
- **Chronic setting**
 - Excision: Radical vs less invasive (eg Bascom)
 - ~~Primary closure~~
 - Healing by secondary intention (morbid)
 - Flap closure:
 - Principals: Excise tract, shift midline (better blood supply), ensure skin is flat and vascular.
 - Techniques:
 - Karydakis
 - Rhomboid (Limberg flap)
 - V-Y advancement flap
 - Recurrence rate <5%, 10-20% wound complication rate
- **Prevention**
 - Good hygiene
 - **Laser hair removal NOT shaving**

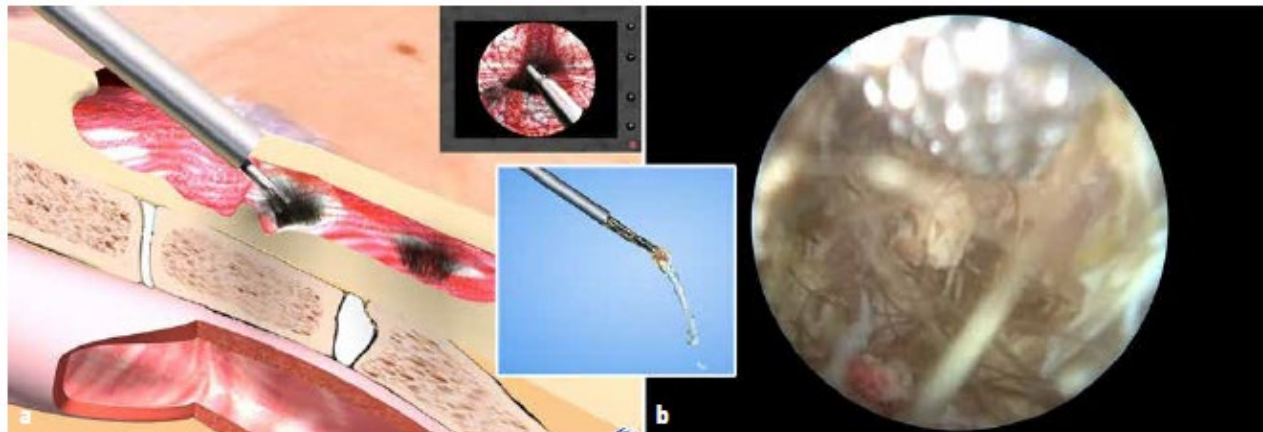
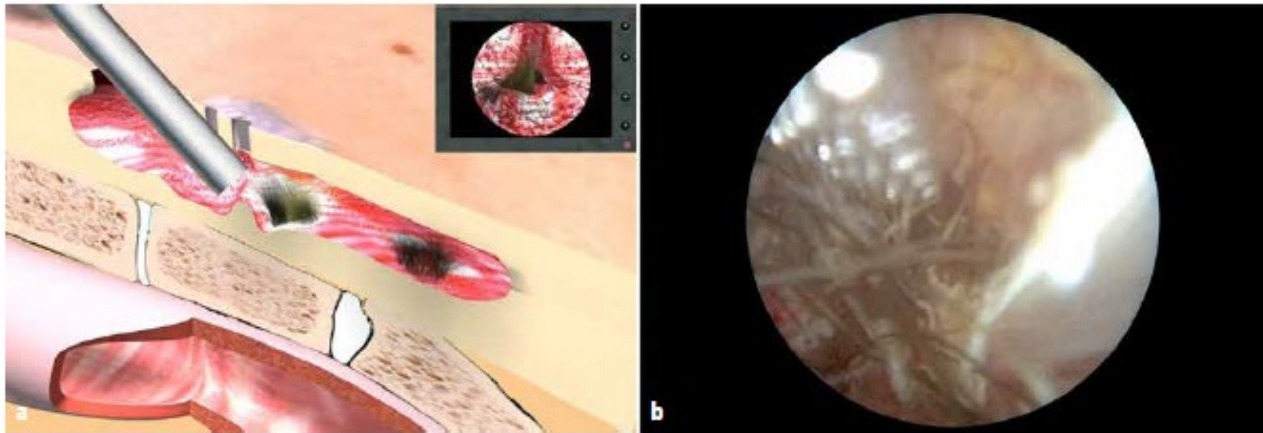


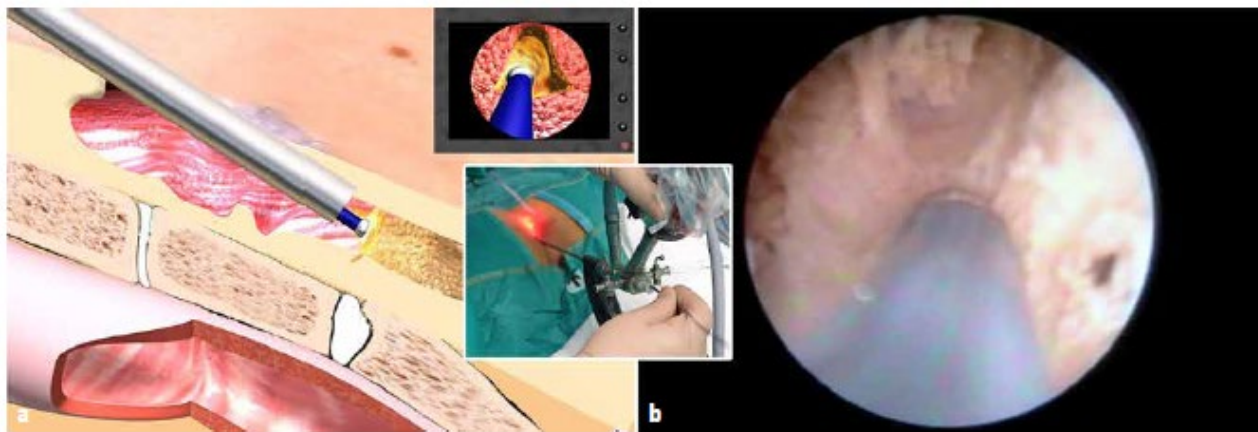
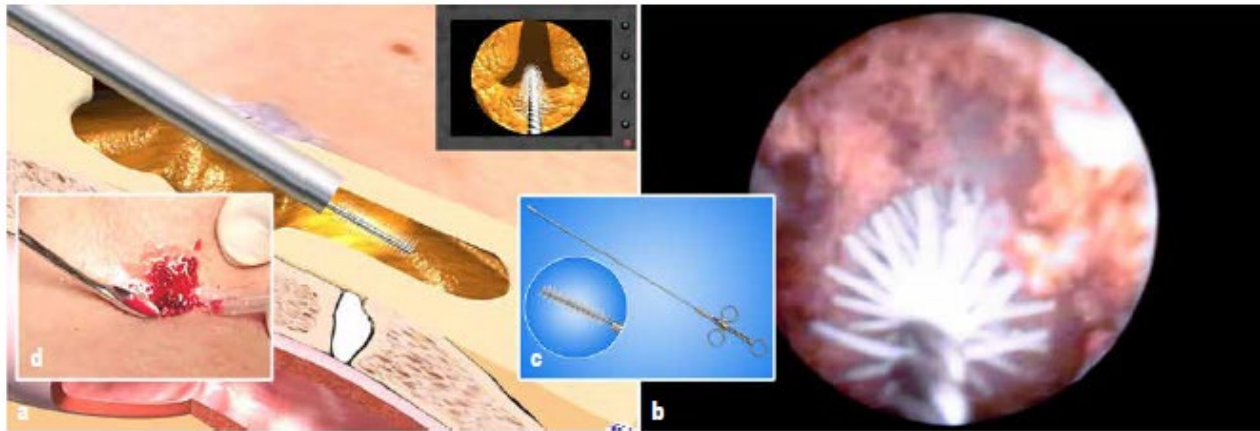
EPSiT

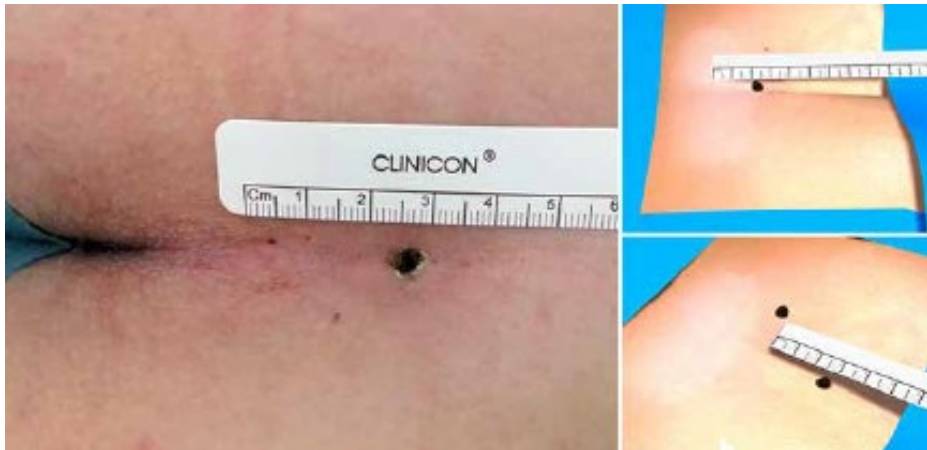
- **Endoscopic Pilonidal Sinus Treatment**
- Original paper by Meinero in 2016: 95% of patients' wounds had healed by 2 months. Patients in which disease recurred were able to be treated with repeat EPSiT surgery¹
- Success rate of 92% from recent small population studies²
- Anecdotally also **reduces burden of disease** so that final treatment (if required) **can be less extensive**



1. Meinero P, Stazi A, Carbone A, Fasolini F, Regusci L, La Torre M. Endoscopic pilonidal sinus treatment: A prospective multicentre trial. *Colorectal Dis* 2016;18(5):O164-70. doi: 10.1111/codi.13322.
2. Giarratano G, Toscana C, Shalaby M, Buonomo O, Petrella G, Sileri P. Endoscopic pilonidal sinus treatment: Long-term results of a prospective series. *JSLs* 2017;21(3). doi: 10.4293/JSLs.2017.00043







Thank you

Any questions?

