Pilonidal Disease

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changing the outcome together

FAST FACTS

~70,000
new cases of pilonidal disease diagnosed in the US annually

pilonidal
latin for "nest of hairs"

occurrence
typically after puberty's onset

frequency
women get pilonidal cysts nearly as often as men

WHEN TO REFER

Refer patients with acute infections that you deem in need of drainage to the Pilonidal program at Cincinnati Children's Colorectal Center. Refer patients with any visible pits, sinuses, secondary openings or wounds—minimally invasive options are available even for patients with mild disease to avoid a painful flare-up.

Pilonidal disease is a common skin infection, where loose hairs or hair clippings become trapped beneath the skin in the natal cleft, causing pain, inflammation and infection. Acute infections are relatively responsive to drainage and antibiotics, but recurrence is common and sometimes progresses to form large, debilitating wounds. Both traditional and minimally invasive procedures are available to remedy these wounds.

ASSESSMENT

Perform standard history and physical exam (HPE), with questions specific to the onset —when patient first noticed an issue—pain or swelling, but some only notice drainage (often described as bloody) or a bad odor. Note previous procedures for pilonidal disease including any abscess drainages or surgeries. If surgical, determine if wound was left open or stitched closed. Photograph the cleft for patient's record. Note any pits/tiny holes/visible pores in the midline with hair(s) protruding. Note larger holes in the midline or secondary inflammatory openings draining to either side of the cleft. Note patient's degree of hirsuteness and if hairs protrude from any of the noted openings.

HISTORY AND PHYSICAL EXAM RED FLAGS

Patient History
- Signs of acute infection (fever, extreme pain, acute swelling, new drainage)
- Symptoms persisting >3 months
- Prior surgery for pilonidal
- Inability to sit/function (school/work/home)

Family History
- Inflammatory bowel disease (IBD), such as Crohn's or ulcerative colitis
- Other pilonidal patients in the family

Physical Exam
- Significant tenderness
- Erythema
- Active draining sinus
- Significant hair impaction
- Large wound/s in cleft

MANAGEMENT/TREATMENT

Remove hair from the area (clip/shave/depilatory). Tweeze hair protruding from any of the observed holes—it is not necessary to probe these wounds deeply, which may be painful and can provoke bleeding. The openings and wounds are very friable and bleed easily. This can be controlled simply by placing a rolled gauze dressing into the cleft. Treat acute infections with broad spectrum antibiotics to cover mixed flora (begin with: clindamycin or Augmentin®; if unresponsive, consider Ciprofloxacin® and metronidazole together). Topical antibiotics are rarely helpful. Imaging is unnecessary for most pilonidal patients.

Instruct patients to:
- Bathe or shower 2x/day and at least 1x after every bowel movement, preferably using a hand shower to cleanse the area thoroughly
- Clip/depilatory at least 1x/week to keep the area free of hair (for more hirsute patients).
- Check pits/holes weekly and tweeze out any visible hair.
- Recommend laser hair removal to decrease long term recurrence risk once wounds have healed

If you have clinical questions about this condition, email us at colorectalcenter@cchmc.org.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Pilonidal Disease

Inclusion Criteria

Adolescent and adult patients presenting with any of the following symptoms in he natal cleft: pain, drainage, swelling, or wounds

Patient Presents

Standard Workup

- History of Present Illness
- Family History

> **Widely clip the hair in the natal cleft if possible** <

- **Physical Exam** (take photograph for medical record when possible)

HISTORY AND PHYSICAL EXAM RED FLAGS

Patient History
- Signs of acute infection (fever, extreme pain, acute swelling, new drainage)
- Prolonged history (symptoms persisting >3 months)
- Prior surgery for pilonidal
- Inability to sit or to function (school/work/home)

Family History
- Inflammatory bowel disease (IBD) like Crohns or
- Ulcerative Colitis
- Other pilonidal patients in the family

Physical Exam
- Significant tenderness
- Erythema
- Active draining sinus
- Significant hair impacted or protruding from openings
- Large wounds in cleft

Patients demonstrating signs, symptoms, and exam findings of acute infection should be referred for immediate evaluation and may require antibiotics or a drainage procedure. Patients with potential for perianal IBD as a confounding diagnosis should be referred early to help clarify the diagnosis and ensure proper treatment. Having other pilonidal patients in the family doesn't require urgent evaluation, but can help focus in on a diagnosis of pilonidal in borderline cases.

Signs of acute infection?

Yes

Fluctuance and requires drainage?

Perform needle aspiration for small abscesses and incision and drainage for larger collections. Refer for drainage as needed.

Yes

Contact surgery to coordinate further care

No

Start broad spectrum oral antibiotics; refer to surgery

No

Very mild disease (initial presentation, solitary visible pit, no acute infections, mild discomfort)?

Yes

Referral to surgery not always required. Consider trial of non-operative measures (aggressive showering/hygiene; hair removal; keeping pit free of hair). Consider laser epilation for long term prevention. Refer to adult provider for laser epilation at this time.

No

Refer electively to surgery. Initiate non-operative measures (aggressive showering/hygiene; hair removal; keeping pit free of hair). Recommend basic wound care, keeping a rolled gauze in the natal cleft to keep it open and draining.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.