

(CASE REPORT ARTICLE)

Pilonidal sinus at the intermammarial region in male patient: A case report

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Abstract

Pilonidal sinus is a common entity, most often occurring in the natal cleft. Pilonidal sinuses usually occurring in the sacrococcygeal region. However, Pilonidal sinus occasionally occurs in other parts of the body, referred to as extra sacrococcygeal pilonidal sinus. We report a man case of pilonidal sinus at intermammarial region. It is investigated appropriate management and postsurgery advice on prevention.

Keywords: Pilonidal Sinus; Unusual location; Intermammary cleft; Pilonidal sinus classification

1. Introduction

Pilonidal sinus (PS) is a common disease, often seen in young. It is usually occurring in the sacrococcygeal region, but Pilonidal sinus rarely involves umbilicus, axilla, nose rim, interphalangeal and toe webs, and breast and intermammary cleft [1,2,3]. Treatment of pilonidal sinus is surgically remove the sinus. We report a man case of pilonidal sinus at intermammarial region. It is investigated appropriate management and post-surgery advice on prevention.

2. Case Presentation

A 58-year-old man presented acutely to the general surgery with a intermammarial abscess (Figure 1). Ultrasound examination showed collections up to 2 cm in size. The content of the collections was drained and antibiotic ordered. 12 week later, pilonidal sinus was surgically removed. Surgically semi-open intrafleksion technique was administered (Figure 2). On post-operative review the patient was well and no any complication occurred.



Figure 1 Intermammarial abscess

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Figure 2 Surgically semi-open intrafleksion technique was administered

3. Discussion

Pilonidal sinus was first described in 1833 by Mayo as a hair-containing sinus in the intergluteal cleft [4]. The etiology and pathogenesis of PS is frequently associated with both congenital and acquired factors.

This chronic disease is characterized by acute exacerbations (5-7). The main predisposing factors for sacrococcygeal PS disease include male sex, obesity, local trauma, sedentary lifestyle, professions requiring prolonged sitting, deep intergluteal cleft, increased hair density in folded body parts, excessive sweating, young age, poor hygiene, and familial predisposition[1-4].

PS disease (cyst, infection) consists of a hair-containing sinus or abscess occurring in the intergluteal cleft. Pilonidal sinus disease is a common disease, but rarely reported inter mammarial regions, referred to as extrasacroccygeal pilonidal sinus [2,3].

Treatment is usually surgery, but there are recurrence possibility [8,9]. Several treatment procedures have been described in the literature, ranging from simple incision and drainage to the use of complex plastic flaps for cleft obliteration. Ideally, the goals of treatment for this disease should be reliable wound healing with a low risk of recurrence, a short period of hospitalization, minimal inconvenience to the patient, and low morbidity with few wound-management problems[10,11]. In our case, primary excision and marsupialization technique was used. we wanted to define that we are accompanied by literature.

4. Conclusion

There is no any newly classification of PS disease in the literature. A well-recognised and practical classification system to guide clinical practice is required.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors has no conflict of interest to declare.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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