

PILONIDAL ABSCESS



*Print from "Exercitationes Practicae", Medical Textbook published, 1694;
Wellcome Library.*

*“One of the first duties of medicine is to educate the masses **not** to take medicine!”*

William Osler

.....I am against creationism being taught in schools because there is empirical evidence that it is a silly notion... I am passionately concerned about the rise in pseudo-science; in beliefs in alternative medicine; in creationism. The idea that somehow it is based on logic, on rational arguments, but it's not. It doesn't stand up to empirical evidence. In the same way in medicine, alternative medicines like homeopathy or new age therapies – reiki healing – a lot of people buy into it and it grates against my rationalist view of the world. There is no evidence for it. It is deceitful. It is insidious. I feel passionately about living in a society with a rationalist view of the world. I will be vocal on issues where religion impacts on people's lives in a way that I don't agree with – if, for instance, in faith schools some of the teaching of religion suggests the children might have homophobic views or views that are intolerant towards other belief systems...I am totally against, for example, bishops in the House of Lords. Why should someone of a particular religious faith have some preferential treatment over anyone else? This notion that the Church of England is the official religion of the country is utterly outmoded now”.

Jim Al-Khalili, Theoretical Physicist, University of Surry.

Alternative medicine people call themselves “holistic” and say it's the “whole” approach. Well, if it's the whole approach, let it be the mind as well. Use logic, use sense, use the incredible five wits you were given by creation.

Stephen Fry, Room 101, Season 6 Episode 10.

There is no alternative medicine. There is only medicine that works and medicine that doesn't work.

Richard Dawkins “A Devil's Chaplain”, 2003

The ancient art of “cupping”, is an “alternative medicine” that says that a local suction created on the skin mobilizes blood flow and so promotes healing. Suction is created using heat or mechanical devices such as hand or electrical pumps. All manner of benefits are claimed for all manner of ailments - for which there is not a shred of credible scientific evidence - other than the dogma “it's been used for a very long time”, (...but not as long as bloodletting). The late Seventeenth century medical text “Exercitationes Practicae” shows cupping being used perhaps for some perianal ailment - in an age when there was little/ no understanding on the nature of infection - but perhaps the practitioner aims to “draw out the malignant humors”.

So how to approach the simple problem of pilonidal abscess in the 21st century? We do like to treat the “whole” patient, but we should also use the wits that creation has given us! Sadly no “alternative medicine” will help us out here. A modern approach may be the use of antibiotics - a very reasonable choice. But there is medicine that works and medicine that doesn't work. In most cases - unless the patient has presented late and terribly septic - the credible scientific evidence tells us that antibiotics are at best only an adjunct. Dr Osler would have us educate the masses that medicines are unlikely to cure this particular condition. No, the science tells us that the definitive cure remains with the ancient art of the surgeon's knife!

PILONIDAL ABSCESS

Introduction

Pilonidal abscess is an acquired, and frequently recurrent, midline natal cleft buttock infection of young adults.

It is a separate entity to the anorectal abscesses.

Antibiotics provide only *adjunctive* treatment - at best.

Definitive treatment requires **surgical drainage**.

Epidemiology

Pilonidal abscess is primarily a disease of young adults.

It affects men twice as commonly as women.

It is uncommon after the fourth decade of life.

Pathology

Causes:

Recognized risk factors include:

1. Hirsutism:
 - The principle pathological basis of the condition is the migration of loose hair ends into the skin of the natal cleft, where they become embedded and cause ongoing local irritation.

A pilonidal abscess and/or sinus may then form around these loose hairs.

Other risk factors include:

2. Obesity
3. Sedentary occupation
4. Local irritation.

Complications:

These include:

1. Local abscess formation

2. Septicaemia - in severe cases.
3. Sinus tract formation:
 - These can occur with **chronic** or **recurrent** disease.
 - These tracts can be **branching** and **extensive**.

Clinical features

Important points of History:

These include:

1. Patients usually complain of a painful lump in the midline sacrococcygeal region
2. There may also be a history of seropurulent discharge.
3. Systemic symptoms are rare, unless there is very severe/ extensive disease.

Important points of Examination:

These include:

1. Systemic symptoms are uncommon.
2. The abscess is usually seen in the presacral area about 5 cm cephalad to the anus.
3. There may be one or more midline draining pits or sinuses.
4. Occasionally a hair is seen protruding from the pit.

Investigations

None are usually necessary, unless significant underlying disease and/ or secondary complications are suspected.

The following may be considered:

1. FBE
2. U&Es / glucose
3. Blood cultures, if systemically unwell.

Management

1. Analgesia:

- Simple oral analgesia is usually all that is require.
- Paracetamol or NSAIDs may be used
- Opioids should be avoided if possible, to reduce the risk of constipation.

2. Antibiotics:

- Antibiotics provide only *adjunctive* treatment at best.

3. Surgery:

- **Definitive** treatment requires **surgical drainage**.

Drainage may be done in the ED or if more severe disease, in the operating theatre.

Note that healing is protracted and may take up to **10 weeks**

- For chronic or recurrent disease:
 - ♥ In these situations, more aggressive surgery is undertaken including various forms of open and closed excision and marsupialization of any sinus tracts.

4. Prevention:

- Careful attention to hair control within the natal cleft may prevent recurrence.
- Shaving, plucking, and laser depilation have all been suggested and may help.

References

1. Augello M.R. Perianal Conditions, in Textbook of Adult Emergency Medicine 4th ed Cameron et al. Churchill Livingstone - Elsevier, 2015.

Dr J. Hayes
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