An Unusual Type of Pilonidal Sinus:*

Report of a Case

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ANDERSON, in 1847, probably provided the first description of a pilonidal sinus in a paper entitled "Hair Extracted From an Ulcer." The infected sinus was incised, the hair extracted and the wound healed. In 1880, Hodges coined the name pilonidal sinus, a term which has persisted to the present day (pilus, a hair, and nidus, a nest).

The occurrence of these infected sinuses posterior to the anus was apparently well known at the Massachusetts General Hospital before the turn of the century. Hodges made a number of observations on pilonidal sinuses, many of which have remained unchanged. He believed that pilonidal sinuses arose from infected postanal dimples. His description follows: "A fistulous opening—rarely more than one—over the coccyx, in the immediate vicinity of the anus, and always in the median line, annoys the patient by the itching, irritation and discharge of pus by which it is accompanied. It is generally stated to have existed for a long period, and is supposed to be fistula in ano—an impression which, if at first shared by the surgeon, is quickly corrected. A director or probe being introduced passes at considerable depth above and below the opening, indicating a cavity of an inch or more in diameter, but does not enter the gut. On exposing its interior by an incision, a certain quantity of pus is evacuated, and a lock of loose hair is found occupying the space, more or less matted and curled, and of varying size and amount. The hairs of which it is made up are always short, without bulbs, and correspond in color to those of the patient. The cavity containing them has no cyst, or lining membrane, or other characteristic suggestive of a congenital dermoid wen; merely the granulating walls of an ordinary suppurating sinus, with no trace or suspicion of hairs growing from its surface, or of isolated spots of cuticle from which they might have been shed. The lock of hair being removed, the sinus fills up with new tissue, and in due time heals by a solid cicatrix."

Many authors have discussed the etiology, incidence, natural history and treatment of pilonidal disease. Kooistra, in 1942, presented the first large series and reviewed 350 cases that had been recorded over a 14-year period.

The purpose of this paper is to report an unusual type of infected pilonidal sinus with multiple perineal openings connected with a fistulous tract lateral to the anus and extending to the anterior perineum. The tract contained many strands of black hair.

Report of a Case

A 31-year-old white man presented himself with a history of a "fistula" for over two years. From time to time, painful swellings had appeared in the perineum; they would burst and discharge blood and pus and cause pruritus. Between attacks he was free from symptoms. There was no history suggestive of Crohn’s disease, diabetes or tuberculosis.

The patient appeared to be a healthy young man and the chest, heart, blood pressure and pulse were normal. The abdomen was free of tenderness and there were no masses or hernias.

The hemoglobin, leukocyte count, sedimentation rate and urinalysis were normal. The Wassermann reaction and x-ray of the colon after administering

* Received for publication October 25, 1962.
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A barium enema were negative. Culture of the discharge from the sinus tracts grew enterococci and Streptococcus pyogenes.

Situated in the midline over the coccyx were two sinuses. A fine probe could not be passed to the base of either sinus. Along the left side of the perineum, a subcutaneous tract extended to a point beneath the skin between the anus and scrotum. Four sinuses connected with the tract. Another opening was situated posterior and to the right of the pilonidal pits (Fig. 1). At first this condition appeared to be an anorectal fistula. However, a probe could be passed into the subcutaneous tract from the anterior sinus around the left side of the anus, toward the pilonidal openings.

There was no induration of the anorectal ring to suggest anal involvement, nor were there any irregularities or tender areas within the anal canal. No pits, redness or discharge of pus in the region of the anal valves were seen on anosopic examination. Sigmoidoscopic examination was negative.

A diagnosis was made of infected pilonidal sinus with an unusual anterior extension to the perineum. Surgical treatment was advised and the patient was admitted to the hospital.

The jack-knife position was used and a probe was passed without difficulty beneath the skin from the anterior opening to the other sinuses, but it could not be advanced through the skin opening. The anal canal was examined and no internal open-

Fig. 1. Pilonidal sinus with multiple perineal openings along a fistulous tract lateral to the anus, extending to the anterior perineum.

Fig. 2. The pilonidal sinus and tracts laid open and partially saucerized at operation.

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