Case Studies

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NAPE OF THE NECK: AN UNUSUAL SITE FOR PILONIDAL SINUS

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Abstract: Pilonidal sinus literally means nest of hair in a sinus. Though most commonly seen in sacro coccygeal area, it rarely occurs in other areas like nape of neck or penile shaft. We report a similar case of pilonidal sinus occurring in the nape of the neck. This 36-year male had a history of purulent discharge at the involved site 3 years back. Pilonidal sinus was a histo pathological diagnosis.

Key Words: pilonidal sinus, nape of neck, excision

CASE REPORT

A 36 year male, farmer by occupation, came to plastic surgery outpatient department with complaints of purulent discharge over his nape of neck 3 years back, which subsided with antibiotics. Few months later the symptoms recurred and incision and drainage was done. Now the patient presented with a swelling, measuring 10 x 2 cm, oval shaped, soft in consistency, non-indurated and not discharging. The skin over the swelling was hypo pigmented and had a doughy feel. Hair follicles could be seen growing through the swelling. The appearance was more like a healed carbuncle. There was no history of repetitive trauma. Provisional diagnosis of healed carbuncle was kept and the patient was operated for excision of the swelling and primary closure. The biopsy of the specimen showed presence of numerous hair shafts within the dermis and subcutaneous tissue which were surrounded by dense chronic inflammatory granulation with presence of prominent foreign body giant cell reaction, with overlying epidermis showing acanthosis, hyperkeratosis and follicular plugging suggestive of pilonidal sinus (Fig. 1, 2). The postoperative period was uneventful. The patient has a well-healed scar after 4 weeks of his surgery (Fig. 3) and has no recurrence.

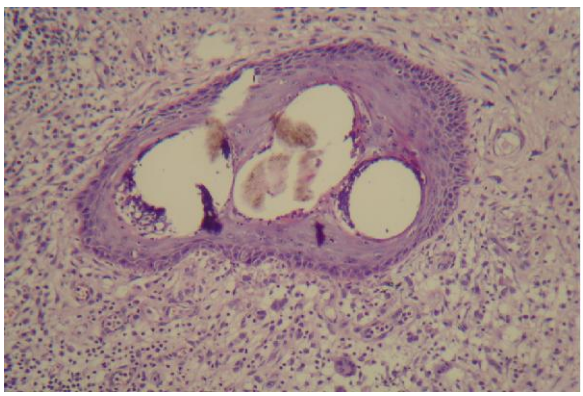

Figure 1: Epidermis showing acanthosis and hyperkeratosis

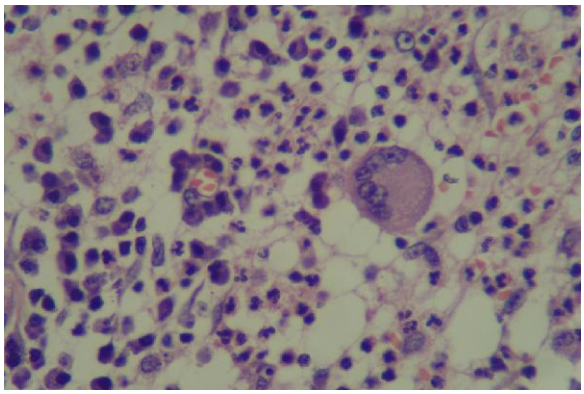

Figure 2: Follicular plugging suggestive of pilonidal sinus

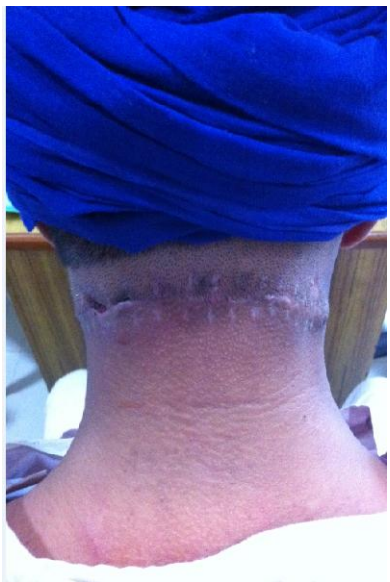

Figure 3: Patient with well healed scar 4 weeks after surgery

DISCUSSION

Hodges[1] gave the term pilonidal sinus in 1880, for hair containing sinus, occurring most commonly in the natal cleft. Other sites like suprapubic region[2],

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penis[3], axilla[4], umbilicus[5] have been reported as rare sites of occurrence. The review in literature provides only 4 cases of such sinuses in scalp. We report a case with pilonidal sinus at the nape of neck[6,7,8]. Most common age group affected with pilonidal sinus is 20-40 years. Our patient is 36 years old male. As males are more hirsute, so are reported to have more occurrence of pilonidal sinus. Though the etiopathogenesis is not clearly known but persistent local trauma, infection of hair follicles and free hair entering the follicle through open mouth is most commonly believed theory[9]. Hormones, infection, friction and shaving also play some role in its occurrence. Interestingly our patient gives no history of any trauma or shaving in that area, though the micro injury caused by usual hair cutting in that area and compromised hygiene may have attributed to its occurrence. Management in form of incision and drainage usually results in recurrence because of inadequate removal of sinuses[10]. Wide local excision with secondary healing, or primary closure or flap reconstruction have been demonstrated as adequate operative techniques[11,12]. In our case wide local excision with primary closure sufficed and no recurrence was noted.

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