Pilonidal Sinus Is Like an Ordinary Abscess in an Unusual Place and Laying-Open (Unroofing) Curettage Is the Optimal Treatment

To the Editor—We read the excellent article by Sahin et al[1] in which they demonstrated the advantages of laying-open (unroofing) curettage over modified Limberg flap in sacrococcygeal pilonidal disease (SPD) and recommended unroofing curettage as the first-line treatment for SPD. We would like to add a few points.

We have performed laying-open (unroofing) curettage in 170 patients, with follow-up available for up to 12 years and a recurrence rate of 1.9%.[2] It was possible to operate on all the patients under local anesthesia, and all patients were discharged from the hospital within 1 to 3 hours.[2,3] It was also possible to successfully perform this procedure in all simple and complex cases (recurrent abscess, associated abscess, and drainage of an SPD abscess in the recent past).[2]

Among all the factors responsible for SPD, the only modifiable factors are hair and excessive sweating in the gluteal cleft.[2,4] The flap procedures flatten the contour of the buttocks and neutralize the impact of these 2 factors.[5,6] However, the buttock-contour flattening is cosmetically inferior, irreversible, and not preferred by the patients.[7] In laying-open (unroofing) curettage, these 2 modifiable factors are not neutralized, and it is pertinent to instruct the patients to take care of these 2 risk factors postoperatively to avoid recurrence (by regularly cleaning hairs and applying talcum powder to the gluteal cleft to keep it dry).[2,4]

Lastly, SPD is not a malignancy. Therefore, wide excision is unwarranted and perhaps leads to overtreatment. SPD can be treated like an ordinary abscess, provided modifiable risk factors (hairs and sweating) are postoperatively addressed.

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