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A Large Pilonidal sinus in the nape of the Neck – Case Report

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ABSTRACT

Pilonidal disease is a hair-containing sinus that occurs usually in the intergluteal cleft. It is an inflammatory condition resulting from skin penetration by a hair. On very rare occasions it can present in other sites like interdigital web space, axilla, umbilicus, etc. We are reporting a case of 30 years old male patient with pilonidal sinus over nape the neck, treated with excision with primary suturing under general anesthesia.

Keywords: Pilonidal disease, jeep bottom, granulation tissue

I. INTRODUCTION

Pilonidal disease is one of the most common suppurative conditions that occur in 15% of the general population. The typical age range of affected individuals is 10–40 years. Though the exact etiology is not clearly established, it is commonly believed that the cleft creates a suction which draws hair into the midline pits when the person sits. The indrawn hairs act as a nidus of infection and present in a myriad way, viz., Pilonidal sinus, Pilonidal abscess etc. The sinus tract is lined by granulation tissue which terminates in a pus-filled cavity. The Sacrococcygeal area is the commonest site of Pilonidal sinus. It can also be found in other regions like the hands, intermammary region, suprapubic, umbilicus, interdigital web, and inguinal region. It occurs as a discharging sinus or as a manifestation of repetitive pus collection that presents in a typical inflammatory pattern: redness, local pain, warmth and tenderness.

II. CASE REPORT

A 30years old obese male presented with an ovoid lump over the nape of the neck for 3years, which initially was about the size of peanut. After 1½ years the swelling gradually increased in size and occupied the occipital region and the entire width of upper part of the nape of neck. There was no pain associated with the swelling. There was pus discharge (greenish/whitish/bloody) from the surface of the swelling. There was no restriction of neck movements, headache, vomiting, and weight loss. The patient was hypertensive.

A transversely oriented ovoid swelling of size 17x8x4cms with well-defined margins was seen in the occipital region and upper part of the neck. The surface was hyperpigmented and irregular with numerous discharging (greenish/whitish/bloody) pit like sinuses and most of the pits had tuft of hair protruding through them. The swelling was firm in consistency, non-fluctuant, non-trans illuminant and was mobile along with the skin.

An incision biopsy done in a regional center showed hyperkeratosis, parakeratosis, irregular and massive acanthosis, spongiosis, plenty of inflammatory infiltrate throughout dermis seen around the blood vessels with infiltrate consisting of lymphocytes, histiocytes, and plasma cells, no hair follicle seen in the section. Diagnosed with – **acne keloidal nuclei.**

A simple excision of the lesion with primary suturing was done under general anesthesia. Histopathological examination revealed features consistent with PILONIDAL SINUS with staphylococcus epidermidis

III. DISCUSSION

We report a case of a 30years old male with pilonidal sinus over the nape of the neck. PILONIDAL SINUS/DISEASE also known as Jeep Bottom / Driver‘s Bottom. It is an epithelium lined tract mostly occurs in the sacrococcygeal region in hairy individual.

There are very few cases of pilonidal sinus reported at various sites other than sacrococcygeal region in the literature. To the best of our knowledge, this is the first instant of a huge pilonidal disease with numerous sinuses at this rare site, been reported in the literature.

Patey and Scarff in 1948 reported a case of pilonidal sinus that developed in a barber's hand which had originated from a customer's hair. [1]

Bascom reported that the source of the pilonidal disease is not hair shafts but dilated hair follicles, and the accumulation of hair within a

chronic pilonidal abscess is a late and secondary phenomenon.[2]

In 1984 Meher R reported a case of chronic discharge from multiple sinuses on the upper right side of the neck in a 24 years old male patient post-trauma due to shaving, which they managed with local excision with primary closure[3]

In 1992 Tadanor reported a case of a young diabetic obese male with pilonidal of the neck who underwent treatment for pilonidal sinus in the sacral region. The biopsy showed a thick epidermal wrinkle, acanthosis, and pseudohorn cyst formation and infiltration by inflammatory cells consisting of plasma cells were seen in the upper layer of the dermis along with multiple enlarged and thickened hair follicles with accumulated keratin, which they have excised under local anesthesia.[4]

In 2007 Masaaki Kosaka reported a case of 4years old boy with a history of trauma to the head, presented with a painful mass over the occipital region with intermittent pus discharge. The initial suspicion was that of an epidermoid cyst. At surgery the cyst led to a large lesion with ill-defined irregular granulation tissue, Histological examination revealed the hair shafts embedded in the granulation tissue covered with epidermal layers and the final clinical diagnosis of pilonidal cyst was made due to trauma.[5]

In 2017 Destek reported a case of postauricular pilonidal disease in a 46years old male with a history painless slow-growing nodule in the postauricular region for over 30years, he had a history of trauma during childhood. The lesion was excised under local anesthesia [6]

We excised the lump under general anesthesia and closed the defect primarily as there was plenty of redundant skin to cover the wound. When there is a huge defect, it is advisable to close the defect with a local rotation flaps.

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