

Does Pilonidal Sinus Locate In The Scalp?

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Citation

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Abstract

Pilonidal sinus disease has been described as a hair dressers' or (barbers') disease because of short hairs that penetrate the interdigital spaces of the hand. Pilonidal sinus disease is common around the sacrococcygeal region but rarely seen in the anal canal, umbilicus, chest wall, ear, or on the scalp. Our case involves a 21-year-old man who was doing his military service. He complained of a mass which he had had for several years around the left occipital region of the scalp, the patient's medical history seemed uneventful. We totally excised the lesion and sutured. After the operation, histopathology confirmed our diagnosis as pilonidal sinus of the scalp. After a three-month follow-up, the patient had made a complete recovery. Pilonidal sinus disease involves a hair-containing sinus first described by Herbert Mayo in 1833 [1]. In 1880, Hodge suggested the term "pilonidal"[2] from the Latin "pilus" for hair and "nidus" meaning nest, and later Karydakos [3,4] defined the pathogenesis of this disease. After a long debate the disease is no longer considered a congenital abnormality even though 50-70% of cases have hair shafts in the lesion. Pilonidal sinus disease has been described as a hair dressers' or (barbers') disease because of short hairs that penetrate the interdigital spaces of the hand [5,6,7]. The mechanism for the formation of sinuses by hairs was postulated by Hodges in 1880 in an article on postnasal pilonidal sinus [2]. The first case of a sinus in a hairdresser was described by Templeton in 1942 [7]. Pilonidal sinus disease is common around the sacrococcygeal region [8] but rarely seen in the anal canal [9], umbilicus [10], chest wall [11], ear [12], or on the scalp [13]. As near as we can determine, only a few cases appear in the existing literature. We are reporting here on an unusual case of pilonidal sinus of the scalp with no apparent reason.

CASE

Our case involves a 21-year-old man who was doing his military service. He complained of a mass which he had had for several years around the left occipital region of the scalp. The patient's medical history seemed uneventful, and when palpated upon physical examination, the approximately 2 x 2 x 2cm soft mass was movable and painless. In order to reveal the relation between the mass and cranium a cranial ultrasonography was performed. According to the ultrasonography, there was no invagination inside the cranium and it looked like a lipoma or sebaceous cyst. The patient was informed about the mass, and a decision was made to have it removed. After the necessary preparations, we operated on the patient under local anaesthesia. We were expecting to remove the lipoma-like mass easily, but during the operation we encountered a pouch filled with hair (Figure1-2). We totally excised the lesion and sutured. After the operation, the specimen was fixed with formalin. Histopathology confirmed our diagnosis as pilonidal sinus of the scalp. After a three-month follow-up, the patient had made a complete recovery.

Figure 1

Figure 1: Incision on the scalp

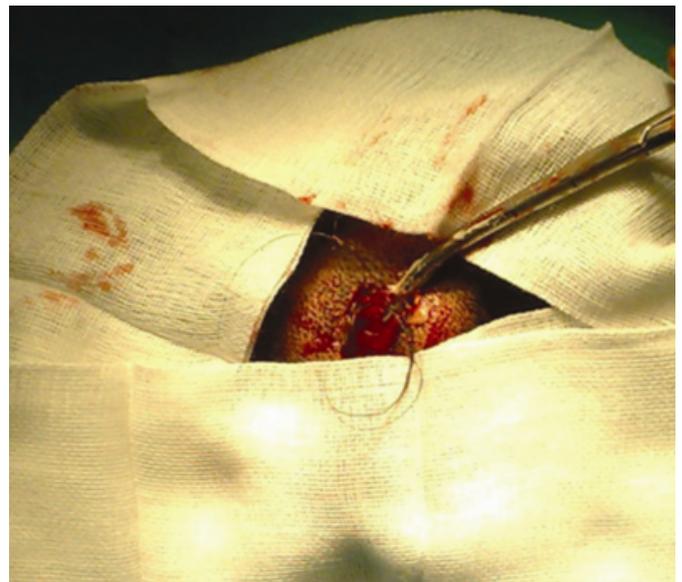


Figure 2

Figure 2: The pouch of the pilonidal sinus



DISCUSSION

As stated earlier, the pathogenesis of pilonidal sinus disease was first defined by Karydakis [3,4]. It appears primarily in adults, never in children, and [14] after a long debate the disease is no longer considered a congenital abnormality. Over the years, other symptoms or phenomenons described in the hands or fingertips have been well recognized as an occupational disease among barbers, hairstylists and pet groomers [15,16].

There have been two reports regarding pilonidal sinus on the scalp [13, 15]. Moyer described a young boy who received blows to the occipital region repetitively [13]. The second case, described by Kosaka, involved a 4-year-old boy who fell within a room, impacting the occipital region. After the injury, a small scar remained in the injured region. Later, over a period of 15 months, a slightly painful mass developed on the occipital alopecia. After surgery the patient had been recurrence-free for 1 year [15]. The case we have just presented is the third example (with respect to English language publications) regarding occipital pilonidal sinus.

There were clear reasons for the previous two cases, but in our case there was no apparent reason to explain the appearance of the pilonidal sinus on the scalp.

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