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## Intermammary pilonidal sinus: The first case series



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## ABSTRACT

**INTRODUCTION:** Pilonidal sinus (PNS) is an inflammatory condition caused by hair penetration into the epidermis. It occurs usually in sacro-coccygeal area. Intermammary pilonidal sinus is a very rare variant with a few case reports in literature. The aim of this study is to highlight the presentation and management of intermammary pilonidal sinus.

**METHOD:** A retrospective multicenter case series. Including all cases of intermammary PNS admitted to either of 5 major tertiary hospitals in Kurdistan region of Iraq. Inclusion criteria were any case of intermammary PNS diagnosed by histopathological examination. The data were taken from the medical records and direct interview with the patients.

**RESULTS:** The case series included 12 patients, all case were female. The age range was from 13 to 29. All of cases were obese with body mass index (BMI) ranged between 30.1–32.2 kg/m<sup>2</sup>. All of them presented with discharge for a long time ranging between four weeks to two years. Nine cases (75%) were diagnosed preoperatively as cases of infected sebaceous cysts. Resection and direct closure without flap were done for nine (75%) of them and in other three cases (25%), the PNS were resected and left for secondary healing. Three of the patients (25%) developed recurrence.

**CONCLUSION:** Intermammary PNS occurs in young, obese ladies with large breasts which are kept in tight brassieres. Resection and primary closure is the main method of management.

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## 1. Introduction

Pilonidal sinus (PNS) is a common, perianal, recurring, inflammatory condition caused by hair penetrating to the outer layer of skin (epidermis) [1]. It is a pus and hair containing cavity connecting to the skin surface by granulation lined tract [2]. The incidence of PNS is 0.07% and account of 15% of perianal diseases [3]. It usually occurs in age range of 10–40 years [4]. Female gender is affected less frequently than males by a ratio of one to three [4]. Hairiness, male sex, young age, prolonged sitting, deep navel and cleft and poor personal hygiene are among the predisposing factors [3]. It clinically presents as redness, pain and discharge [5]. Typically PNS occurs in the sacrococcygeal region. Rarely, it affects other areas of the body like groin, axilla, umbilicus, interdigital web, suprapubic area, nose, clitoris, prepuce, penis, or occiput [1,3,6–11].

Presentation, diagnosis and management of atypical PNS (PNS occurring in areas other than natal cleft) differ from sacrococcygeal PNS [1]. Ninety percent of all umbilical PNS reported in three neighboring countries of Middle East, namely Iran, Iraq and Turkey [12]. While classical presentation of a typical PNS is discharging sinus, all most all scalp PNS present as nodule [10]. Sacrococcygeal PNS is a clinical diagnosis which does not need simplest investigation while for diagnosis of atypical PNS, the correct diagnosis is the last one to be thought [1]. Conservative management is starting to grow regarding perianal PNS while for atypical PNS still operation is the standard therapeutic option [13].

Literature lacks information regarding intermammary PNS (iPNS). Up to date, only six cases have been reported [5,8,14–17]. The aim of this study is to report and discuss the presentation and management of twelve cases of pilonidal sinus occurring in intermammary area.

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## 2. Method

### 2.1. Registration and ethics

The research registry number has been taken in accordance with the declaration of Helsinki – “Every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject”. The approval for conducting of this study was taken from the Scientific and Ethical committee of university of Sulaimani.

### 2.2. Study design

This study is a retrospective multicenter case series. The cases were consecutive. The research work has been reported in line with the PROCESS criteria [18].

### 2.3. Setting

The institutions in which the cases were managed were academic, community and private practice setting. All of them located in Kurdistan. The patients were received and managed during last 12 years (from January 2005 to January 2017). The cases were followed up to date (first of July 2017, mean duration of follow up was 15 months). The data collection was done during two months (first of May 2017 to first July).

### 2.4. Participants

Inclusion criteria were all cases of iPNS admitted to either of six major tertiary hospitals. They were diagnosed clinically and/or pathologically. The socio-demographic and clinical data were taken from patients' medical records, health care providers and the patients themselves.

### 2.5. Pre-intervention considerations

All patients were prepared for general anesthesia. They were checked prior to operation for vital signs, hemoglobin level, and chest x.ray. They were examined and the area of proposed incision was marked (Fig. 1).

### 2.6. Types of intervention(s) deployed

All patients underwent operation under general anesthesia in supine position. Prior to intervention, they were nil by mouth for six hours and received intravenous antibiotics.

### 2.7. Peri-intervention considerations

During the operation, the patients were followed up by continuous electrocardiography (ECG) monitoring. Intravenous fluid in form of crystalloid was given according to vital signs. For patients who pre-operatively diagnosed as case of iPNS strategy of excision and laid open was used. For those patients who were not diagnosed as cases of iPNS excision and primary closure was performed (Fig. 2). For the latter, open drain was also put.

### 2.8. Who performed the procedure(s)

The procedure was performed by specialist with a team composed of senior house officers and nurses.



**Fig. 1.** Preoperative marking of the incision site, the area was marking according to the induration.



**Fig. 2.** Incision and primary closure without flap.

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