

# Chapter 1

## CURRENT APPROACHES IN PILONIDAL SINUS DISEASE

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### INTRODUCTION

The *Pilonidal Sinus Disease* (PSD), composed of *pilonidal* derived from the combination of the Latin words *pilos* and *nidus*, i.e. *hair and nest*, and *sinus* used for describing the gaps between the tissues in the body, was first described in Boston Medical Journal by *Anderson* in 1847 (Anderson,1847). It was *Hodges* who introduced the definition of the disease under the currently-used name of the disease, *pilonidal sinus*, in his publication again in Boston Medical Journal in 1880 (Hodges, 1880).

Since the day it was defined, there has been ongoing debates on the disease's etiopathogenesis and treatment. After a long period of debates on whether its etiopathogenesis is acquired or hereditary, there is today a consensus that it is acquired (Karydakis,1992, Tezel & et al.,2009, Hull TL&Wu J,2002). However, the issue of its treatment still remains unclear (Erkent & et al., 2018).

PSD is an infectious disease characterized by sinus opening(s) located in the sacrococcygeal region, approximately 5-6 cm from the anus. The length of the primary canal is 3-5 cm, covered inside with squamous epithelium. Except for the primary canal, other canals are shorter in length and are mostly covered with granulation tissue. The presence of hair along the canal and inside the sinus is its typical defining characteristics. Apart from its habitual site, the sacrococcygeal region, there are also cases of pilonidal sinus describe in the navel, nose, penis, hand and toes (Huda F & Singh SK, 2018, Kars & et al.,2018, Ercil & et al., Ricci & et al., 2018, Bemmelen & et al.,2018).

However, this study would address the PSD with sacrococcygeal localization.

The 15-30-year-old age group, during which the activation of pilosebaceous glands increases, is also the period in which the PSD is the most frequent. The disease occurs in women at an earlier period compared to men. Although it var-

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patient is also of importance. In their study, Harries et al. concluded that the management of complications due to surgery during wound healing after PSD treatments is more difficult than managing primary disease (Harries et al., 2018).

Also, to increase our success, it is important to evaluate the preventive and complementary options as an integral part of our treatment to reduce recurrence after all treatment options. It seems that the most important of these is laser hair removal to be applied on the region. Besides; prolonged sitting, clothes selection, losing weight if overweight and changes in lifestyle also seem to be important.

When considered regardless of the disease, the increase in obesity as an inevitable consequence of the physical inactivity, one of the main problems of industrial society, prolonged sitting as well as the change in eating habits in the direction of fast food and the consumption of chips, crackers and nuts, what we call “junk food” and the beverages containing liquid sugar while watching TV or using computer, tablet PC and mobile phone confronts us as a public health problem.

It is clear that, along with our study on the treatment of PSD, we should focus more on the main preventive measures.

Because the above matters constitute the basic public health problems. With reference to this, we should first consider PSD as a public health problem. It is for sure that we cannot go too far if we do not consider PSD primarily as a public health problem and just pay regard to its treatment dimension. If we focus on treatment and do not devote sufficient time to preventive measures, we serve the medical industry more than serving to the public health.

When we roughly review the protective measures for PSD; it is important not to spend long hours in front of the screen or, if it is necessary to do so, to get up and move at frequent intervals and to ensure that the seating surface is of soft and ventilated nature and is capable of absorbing traumas. It is necessary to get rid of excess weight and, if possible, to acquire eating habits preventing weight gain. It is also important to wear soft-textured clothes made of non-synthetic fabrics which ensure better ventilation of the sacrococcygeal region.

It is also required to raise awareness about PSD, and to train the target audiences on protective and preventive methods in line with a specific plan.

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