

BÖLÜM 9

PİLONİDAL SİNÜS HASTALIĞI VE TEDAVİSİNDE TOTAL EKSİZYON-PRİMER ONARIM İLE İNSİZYON- KÜRETAJ TEKNİKLERİNİN KARŞILAŞTIRILMASI¹

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GİRİŞ

Pilonidal sinüs hastalığı (PSH) genç erişkinleri ilgilendiren önemli bir sağlık sorunu olmasına ve tedavisine ilişkin olarak geliştirilmiş olan çeşitli yöntemler bulunmasına rağmen, uygulanacak en ideal tedavi metodunun ne olduğuna ilişkin bir fikir birliği bulunmamaktadır (1-3).

PSH ile ilgili olarak güncel bilgileri ve alternatif tedavi yöntemlerini ifade ettikten sonra Akdeniz Üniversitesi Tıp Fakültesi Genel Cerrahi kliniğinde bu konuda yapmış olduğumuz bir çalışmanın bilgilerini paylaşmayı amaçladık.

PİLONİDAL SİNÜS HASTALIĞI

Pilonidal hastalık, ilk olarak 1833'te Herbert Mayo tarafından, natal kleft derisinde karakteristik epitel traktus'un belirlenmesiyle, konjenital bir durum olarak tanımlanmıştır (4). İkinci Dünya Savaşı boyunca jip sürücülerinde pilonidal hastalığa oldukça sık rastlandığı için durum "Jip Hastalığı" olarak ta telaffuz edilmiş olup (5,6), benzer bir klinik tabloyla berberlerin ellerinde interdigital deri alanlarında da karşılaşılmıştır (7). Karydakıs ve Bascom'un çalışmaları, PSH'nın konjenital defektif bir nöral tüp kalıntısı kaynaklı olmaktan ziyade akkiz bir durum olarak değerlendirilmeye başlanmasında önemli rol oynamıştır (8). Bascom, pilonidal

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Bu konuda, daha uzun süreli takip imkanı olan ve daha fazla sayıda hasta içeren, prospektif, çok merkezli çalışmalar ile daha sağlıklı değerlendirmeler yapılarak daha anlamlı sonuçlar elde edilebileceği kanaatindeyiz .

GENEL DEĞERLENDİRME

Akut pilonidal abses'in tedavisi insizyon ve drenaj olurken kronik PSH'nda tek başına her yönden diğer tekniklerden daha iyi bir alternatif elimizde bulunmamaktadır (1,2,17).Kronik PSH durumunda halen geniş eksizyon ve sekonder iyileşme ile geniş eksizyon ve primer onarım tekniklerinin sıklıkla tercih edilerek uygulandığını biliyoruz (2,65). Orta hat dışında kapamanın tatbik edildiği rekonstruktif flep teknikleriyle eksizyon uygulamaları giderek daha fazla cerrah tarafından kabul görüyor da olsa, orta hatta kapama işlemlerine kıyasla rekürrens, işe dönüş süresi, komplikasyon oranları daha düşük olup maliyet etkinliği artıyor da olsa, oldukça küçük pilonidal sinus lezyonlarında yapılacak geniş eksizyon ve flep uygulamaları, hastanede yatış süresini uzatıp, işe geri dönüşü geciktirmekte ve kabul edilemeyecek kozmetik sonuçları karşımıza çıkarabilmektedir (1,2). PSH cerrahisinde eğilimin endoskopik tedaviye doğru kayması morbiditenin düşmesine vesile olsa da hem bu yöntemlerle ilgili elimizde yeterli kanıt yoktur, hem de cihaz maliyetlerinin yüksek olmasının yanı sıra uygulayıcılar için de kaçınılmaz bir öğrenim eğrisi söz konusudur (2,61-64).

Gerekenden daha geniş eksizyon yapıldığında komplikasyon geliştiği durumlarda bazen primer durumdan daha kötü klinik koşullar ortaya çıkabilmektedir (17).

Cerrahi tekniğin kolay olması, lokal anesteziyle yapılabilmesi, total eksizyon ve primer onarım uygulamasına göre kesi yeri enfeksiyonunun ve analjezi gereksiminin daha az olması sebebiyle, insizyon ve küretaj tekniği de PSH'nın cerrahi tedavisinde tercih edilebilecek bir yöntemdir (87). İnsizyon ve küretaj tekniği, PSH'nda, gerek basit gerekse kompleks vakalarda yüksek başarı ve düşük komplikasyon oranıyla uygulanabilmektedir (30).

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