Bölüm 20

PİLONİDAL SİNÜS HASTALIĞI VE KRİSTALİZE FENOL UYGULAMASI

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GİRİŞ

Pilonidaller gluteal yarığın altında, kalçaların arasında, kuyruk sokumunun üzerinde bulunan apselerdir. Pilo = Kıl; Nidus = Yuva anlamına gelir. Pilonidal, ''kıl yuvası" olarak tanımlanmaktadır. Tarihte ilk defa 1847 yılında, Abraham Wendell Anderson'un Boston Medical Surgical Journal dergisinde yayınlanan ''Ülserden çıkarılan kıl" başlıklı yazısında bahsedilmiştir. Richard Manning Hodges 1880 yılında, sakrokoksigeal bölgede, içinde kıl yumağı olan kronik sinüse ''pilonidal sinüs" adını vermiştir. Bazı pilonidal apselerin dikkat çekecek ölçüde tüy içermesi, ismin doğrulunu gösterir. Kıl yumakları bir parmak kalınlığına kadar ulaşabilir. Natal kleft (gluteal yarık), kalçalar arasında, sakrumun hemen altından perineye, anüsün üstüne uzanan oluktur. Burası koksiksi örten derinin derin katmanlarının anokoksigeal rafeye sabitlenmesi sonucu oluşur. Dik duran kişide her iki gluteal kas arasındaki sınırı meydana getirmektedir.

Pilonidal sinüs hastalığı erkeklerde kadınlara göre iki - dört kat fazla görülür. Beyazlarda, Asya ve Afrikalılardan daha sık rastlanır. ABD'de görülme insidansı 100000'de 26'dır. Erkeklerde 21, kadınlarda ortalama 19 yaşında gözlenmektedir (**1-3)**. 45 yaş üzerinde yer alan yetişkinlerde ve çocuklarda daha seyrek saptanmaktadır. Hastalar genelde akut ya da kronik hastalık şeklinde başvurmaktadır.

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Hastalığın sıklıkla karışabildiği hidradenitis suppuritiva ya da acne inversa varığında dikkatli olunmalıdır. Ayırımında ilk basamak farkındalıktır. Son altı ay içerisinde vücudun beş farklı yerinde (aksilla, kasıklar, genital bölge, meme altı) ya da özgün olmayan yerlerde (perianal, abdomen, boyun) en az iki çıbanla meydana gelen alevlenmeler, hidradenitis suppuritiva için uyarıcı olmalıdır **(73)**. Bu hasta grubunda da kristalize fenol, uygun gruplarda uygulanabilmektedir (**74)**.

Nüks üzerinde etkili olan faktörler, küçük yaş, sigara kullanımı, tedavi öncesi uzun hastalık süresi, pozitif aile öyküsü, fazla delik sayısı, uygulama sayısı ve süresinin fazla olmasıdır. Kristalize fenol uygulama sonrası nüksler genelde ilk beş yılda görülmektedir. Uzun dönemde başarı oranı yaklaşık %70 düzeyindedir. Nüks sayısının artması ile işlem zorlaşmamakta, uygulama sayısı ve süresi artmamaktadır.

SONUÇ

Kristalize fenol uygulaması ucuzdur, ayaktan uygulanabilir, girişimsel değildir. Cerrahi ile benzer başarı oranlarına sahiptir. Kolayca tekrarlanabilmesi önemlidir. İş gücü kaybını en az düzeye düşüren, hastaya ve çevresine ek sorumluluk yüklemeyen etkin ve seçkin pilonidal sinüs tedavi yöntemidir.

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