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Pilonidal cyst laser treatment: Before, during and after

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Description

A 17-year-old boy approached us with complaints of itching and sometimes pain exacerbated by sitting, for 6 months. On local examination, nodular swelling (4 cm x 8 cm) with secondary opening away from de midline at right with ingrown hairs associated with 8 midline pits in the natal cleft (Figure 1), all at about 9 cm away from anal verge. He did not have a fever, neither was there another illness or co-morbidities. Investigations requested were normal. Diagnosis of Pilonidal cyst was made.

Laser procedure was performed under spinal anesthesia; First, curette then a small brush is inserted into the sinus tract by the secondary opening and thoroughly cleaned out (Figure 2a). The hair in the cavity and dead tissue is removed (Figure 2b). This is followed by irrigation with water (Figure 2c). Two pits are created using a punch instrument in the natal cleft, one in the middle and another at the far end of the cavity. Second, the radial diode laser probe is inserted into the tract and the cavity by the secondary opening then by the two newly created pits and closed the cavity and the duct by slowly withdrawing it several times (Figure 3a,3b). Finally, the secondary opening was excised with smaller area wound (3 cm x 2 cm) (Figure 3c). The patient's postoperative course was uneventful. Regular follow-up consultations revealed no complications. The wounds are completely healing in 3 weeks (Figure 4).

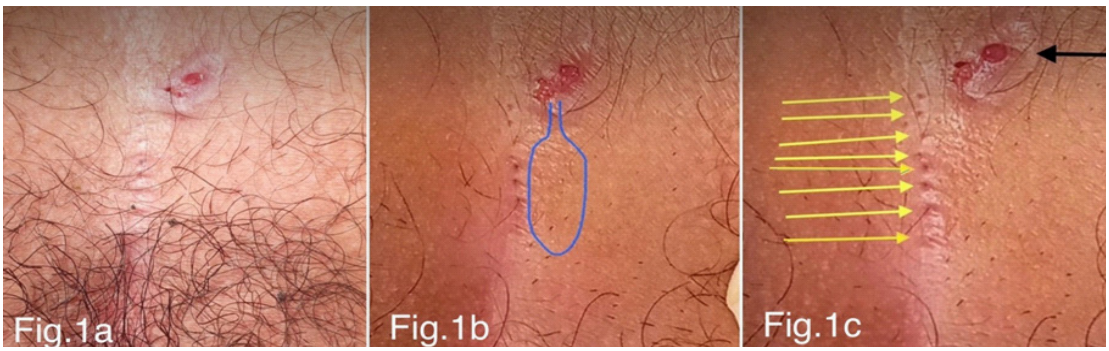

Figure 1: Pilonidal cyst **(a)** with secondary opening away from de midline at right **(b; Tracing in blu)** with 8 midline pits in the natal cleft **(c; Arrow in yellow)**. Secondary opening **(c; Arrow in black)**.

Figure 2: Curette are inserted into the pilonidal sinus by the secondary opening **(a)** and cleaned out. The hair in the cavity are removed **(b)**. Water irrigation are applied **(c)**.

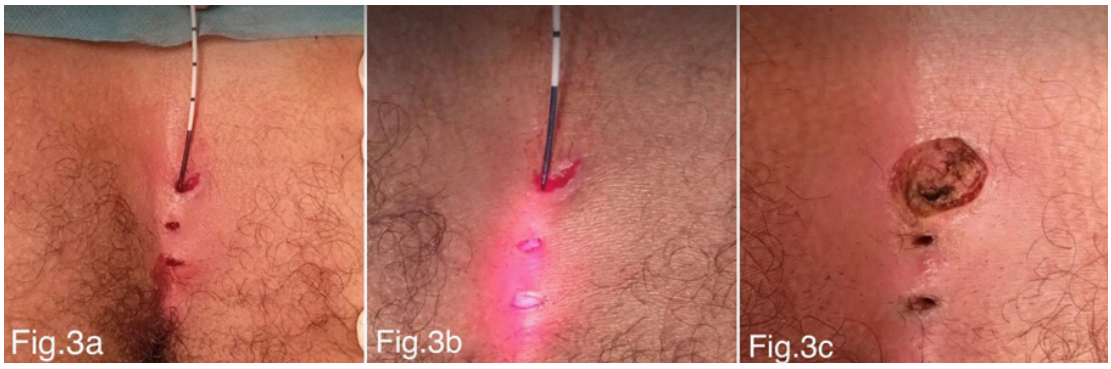

Figure 3: Procedure laser: the radial diode laser probe are inserted into pilonidal cyst by the secondary opening then by the two pits newly created **(a)** and closed the pilonidal cyst **(b)**. The secondary opening was excised **(c)**.

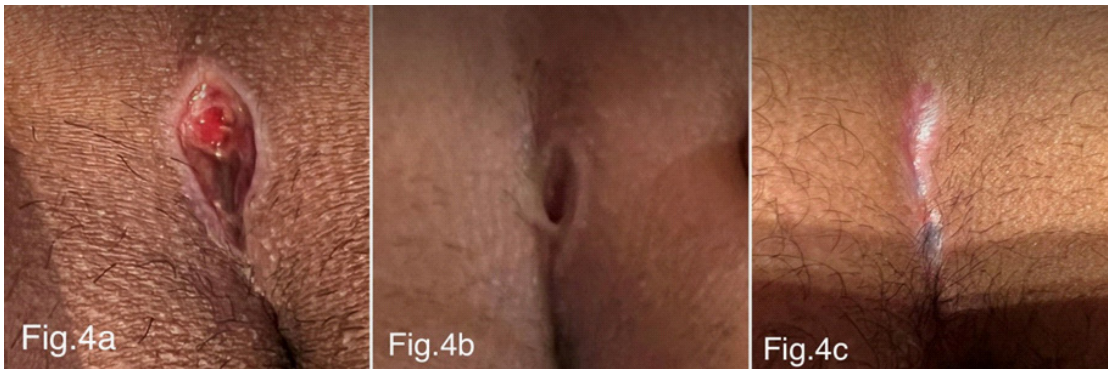

Figure 4: Wound gradually healing; after a week **(a)**, after 2 weeks **(b)** then completely healing in 3 weeks **(c)**.

Pilonidal disease is most common in young adult males, and it is largely considered a surgical disease [1]. Different forms of treatment include traditional open surgery with or without a flap, and mini-invasives treatments [2]. Laser procedures have a lot advantages; the procedure is limited only to cyst cavity and results in small, relatively easily healing wounds, that usually heal within 2 to 4 weeks. Due to the limited invasiveness, the cosmetic effect is very good. the buttocks remain practically unchanged; however, this can also be viewed as a disadvantage, the risk of cyst reoccurrence will always be higher (15–17% in 3 years) compared to open technique (2-5%) [3].

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