PILOMIDAL DISEASE
A patient-focused overview created with the assistance of Dr. John Bascom & Dr. Tom Bascom.

Presented by the Pilonidal Support Alliance
What it is -

A Pilonidal Cyst is an abscess that occurs in the cleft of the buttocks, usually just over the tailbone (but can happen anywhere in the body fold of the Natal Cleft.)

Shown in the picture is a typical acutely infected Pilonidal abscess, swollen and extremely painful.

In the earlier stages of a Pilonidal flare-up, antibiotics can be used to alleviate the infection, although antibiotics will rarely resolve the disease on their own.
How they form -

While there is still much unknown about how Pilonidals form, Bascom has proposed that the cause involves holes in the buttock midline called “Pits.”

These Pits are created from stretched hair follicles that have filled with keratin and “exploded,” forming an opening by which anaerobic bacteria can travel underneath the normal protective layer of skin.

The figure at right shows the natural gravitational tug exerted by the weight of the buttocks as they pull skin away from the sacral angle. If skin tears under tension at its thinnest point, i.e., at the bottom of a follicle as shown in the circle, a Pilonidal abscess results.
Pilonidal Pits

Every Pilonidal abscess can be traced to a hole that has formed in the midline in-between the buttocks. Many of these holes cannot be seen until the skin is pulled downward – swelling of the area will also mask their location.

The skin of the midline, when placed under a microscope, reveals expanded follicles that “suck in” hair, clothing lint, dead skin cells and other debris in the vacuum created as the body rises from a seated position. As these stretched follicles become blocked, keratin builds up and starts an abscess.
Part I

Simple Pilonidal Cure

PICK ALL PITS
When tissues swell from edema, the pit is also slammed shut.
Normally, treatment of this abscess would start with a lancing – opening up the top to drain the fluid and remove debris.

The Pits that are providing bacteria entry to this abscess are almost impossible to spot due to the swelling of the area during a flare up.

Drainage of the abscess will relieve the pressure and allow the patient to be comfortable again. Some abscesses will burst on their own, but it is advisable for the drainage and cleaning to be performed in a proper sterile location such as a doctor’s office or other medical facility.
Pit Picking -

At one week post-lancing, the swelling has reduced enough for the Pit to be visible.
Pit Picking is a first-choice treatment for simple Pilonidal Disease.
But what about complex, recurring Pilonidal and unhealed wounds?
Part II – Cleft Lift

Understanding unhealed wounds and why to

STAY OUT OF THE DITCH
When the sides of the buttocks “slam shut” it seals the area from air and provides a breeding ground for anaerobic bacteria.

These bacteria can keep wounds open for years and continue pumping bacteria into the deep tissues through untreated pits.

Result: unhealed wounds and recurring abscesses.
We think of the cleft as open like a canyon
BUT walls only lie briefly open when we pull them open.
Canyon Collapses After Pull is Stopped
Slammed Shut

FAT

Skin

FAT

Skin

Wound
A wound that won’t heal.
Slammed Shut
Pulled Open

RIM

Deep Cleft
Deep Cleft

Pulled Open

RIM

Deep Cleft
1. Pick all pits – stop the bacteria from entering deep tissues

2. Always mark the rim so you can **STAY OUT OF THE DITCH**
Mark The “RIM”
This is a chronic *anaerobic* Pilonidal ABSCESS...

Poorly drained 24/7!
THIS PATIENT  Start age 18

#1. Wide **Excision** and Pack Open
#2. Hyperbaric Chamber
#3. Re-**excision** and Pack Open
#4. Re-**excision** and Close
#5. Wound Vac 1 mo
#6. Awaiting 4th Surg
#7. Now age 25--SEVEN YEARS!
Repair of Complex Pilonidal

--Pre-op
Repair of Upper End
Repair of Lower End
7 Years of Unhealed Wounds Repaired with Cleft Lift

--post op
--1 year