

Case Report – Post-surgical management of a pilonidal cyst excision utilizing weekly topical depilatory application

Introduction

Pilonidal disease is a common condition that affects approximately 70,000 patients in the United States each year (2). Pilonidal cysts often require surgical management which results in lost time from work or school due to associated pain and limited activity. Hair regrowth can be a deleterious issue that hinders healing. Subsequently, the wound care provider's journey with these types of ulcers is fraught with delayed wound healing and recurrence rates ranging from 10-30% (1).

In this case report, we follow the post-op management of a 24-year-old male patient who presented to the wound care clinic two days post pilonidal cyst excision with initial wound measurements of 4.5cm x 1cm x 1cm.

Methods

- Patient was instructed to perform daily wound dressing changes with gentian violet-methylene blue antibacterial foam dressing
- After four weeks, wound healing was delayed with only a 7% improvement rate. Hair had re-grown around and into the wound bed.
- The patient was brought back weekly to the wound clinic for wound monitoring and application of topical depilatory for periwound hair removal.

Results

Healing dramatically accelerated after weekly depilatory applications were initiated. The wound attained closure at 12 weeks. One week after a single application of depilatory, the wound surface area closure had increased to 19%. This was a 12% improvement in only one week when essential non-healing had occurred in the prior four weeks. The wound continued a positive trajectory to healing and closed 8 weeks after beginning hair removal via depilatory use.

Discussion

Is a paradigm shift in pilonidal cyst prevention and/or post-op management needed to improve outcomes? Should post-op depilatory application become the standard of care for these patients? A larger cohort study with long-term follow-ups should be performed to verify the observations noted in this case study.

References

1. Mahmood F, Hussain A, Akingboye A. Pilonidal sinus disease: Review of current practice and prospects for endoscopic treatment. *Ann Med Surg (Lond)*. 2020 Aug 1;57:212-217.
2. Søndena K., Andersen E., Nesvik I.S.J. Patient characteristic and symptoms in chronic pilonidal sinus disease. *Int. J. Colorectal Dis*. 1995;10:39-42.



1.) Two days post-op OR excision



2.) Four weeks post-op. 7% reduction in surface area and pre-depilatory regimen.



3.) Two weeks after beginning depilatory use. 92% reduction in size from initial measurement.



4.) Four weeks after beginning depilatory use.



5.) 10 weeks post-op OR excision



6.) Twelve weeks post-op, full closure