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## THE USE OF TRANSVERSE LUMBOSACRAL FLAP FOR RECURRENT PILONIDAL SINUS: A NEW CONCEPT FOR A NEW FLAP

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**Background:** Despite the facts that flattening the natal cleft and shifting of the scar from the midline were the basis of many modern surgical procedures for pilonidal sinus disease (PSD), yet recurrences still take place. The aim of the present work is to study the histologic difference between the skin of the sacral area of patients with PSD and normal skin as well as the topography of the pilonidal area a basis of a new flap for the treatment of patients with recurrent PSD.

**Patients & Methods:** Comparing the topography of the sacral area in De-Novo pilonidal sinus, recurrent pilonidal Sinus and normal controls in relation to primary and secondary pits, and comparison of the histology between the edge of the normal skin at the margins of excision of the patients with recurrent PSD, normal controls and the skin of the proposed flap. Using the new flap for closure of the defect after excision of the recurrent pilonidal sinus in 28 male patients.

**Results:** A pilonidal valley was described and should be flattened; the skin of the PSD patients shows abnormal hyperplasia and deep hair follicles into the dermis in contrast to the skin of the controls and the flap which look like normal thick skin. The new flap repair was done in 28 patients with recurrent PSD. Age range 18–39 years (average=26.428). They totally underwent 66 procedures before presentation (1–6 procedure Average=2.357 procedures). 26 cases completed Follow up from 14–60 months in 26 patients (Average 41.846 months). Only one case of recurrence 3.8%. and few cases of minor to moderate complications managed conservatively.

**Conclusion:** Providing a normal quality of thick skin cover of the pilonidal area after excision is based on histologic findings and may help to minimize recurrences. The presence of abnormal skin in the PN and surrounding buttocks may give a new insight into the congenital predisposition to PNSD.

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