

Pilonidal Disease in Children: Management and Treatment

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DESCRIPTION

In the adolescent population, sacrococcygeal Pilonidal Disease (PND) is a frequently acquired disorder that causes localized inflammation or abscess formation. The prevalence of PND is increasing on a global scale. 2.63 out of every 1000 paediatric patients are thought to be impacted, and some may continue to have symptoms into adulthood. Up to 30% of people with recurrent illness report having many episodes throughout the course of their lifetime. There is a 2:1:1 pre-ponderance of males who are at greater risk than girls. The hormonal environment around the hair follicle during puberty is thought to potentiate the development of PND. As hair erodes into the subcutaneous tissue over time and causes a foreign body reaction, damage to the natal cleft's soft tissues plays a part. Midline pits and epithelialized sinus tracts grow, becoming more susceptible to infection and abscess formation.

Children need special attention and management. PND is more likely to occur during periods of inactivity at school, such as long periods of sitting. Another sedentary activity that may contribute to the rising incidence of PND is the use of social media and gaming by teenagers. Because BMI is a known risk factor for PND, both paediatric obesity and PND are expected to become more common. The negative social stigmata of hirsutum, poor hygiene, and fat shaming are all examples. Adolescent patients face a special challenge because of these problems and the personal part of the body involved, and they might be hesitant to talk to their parents or doctors about it.

Cellulitis and discomfort in the coccygeal region are symptoms. The first step in treatment is to administer antibiotics, which should protect against both gram-positive and gram-negative flora. Amoxicillin plus clavulanic acid is a common combination, as is metronidazole and erythromycin. Discussions about preventative measures should be part of patient education and counselling. Examples include maintaining personal

hygiene, shaving, avoiding protracted sitting and sedentary activity, and maintaining judgment-free communication with family members who may help with performing routine assessments. With twice-daily baths and hair removal, improved perineal cleansing is successful, with up to 50% of patients seeing full remission.

The abscess is a common initial PND presentation that is marked by intense pain and sporadic discharge that smells bad on undergarments. Near the natal cleft, there is frequently a noticeable, discrete area of fluctuance and erythema upon examination. If cellulitis or clinical symptoms of sepsis are present, immediate therapy also involves antibiotics, incision and drainage, the liberation of loculations, irrigation, the removal of hair and debris from the abscess cavity, counselling regarding local wound care, and the aforementioned prevention measures. Up to 60% of individuals who receive this treatment do not require any more procedures following the initial drainage. With every additional abscess, the chance of recurring PND increases.

Laser Epilation (LE) and phenol are two non-invasive methods for treating chronic and recurring PND. The hair follicle is damaged by LE, which inhibits future development. Studies conducted in the past revealed low rates of complications but significant levels of symptom recurrence. For a few paediatric individuals, crystallized phenol implantation has been effective. Less than 6% of cases return 8 months after phenol instillation and little excision. The therapy carries the risk of decreased sensation and mild skin burns. Patients and family members should get counselling to eliminate risk factors, promote self-evaluation and communication, and de-stigmatize the disorder. Antibiotics are used to treat acute infections, and surgical drainage is performed on abscesses. Minimally invasive surgical procedures can be used to treat recurrent illnesses and numerous localized recurrences. Reserve large volume excisions and off-midline flaps for difficult and unresponsive recurrences.

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