

Preauricular Pilonidal Sinus: The first reported case


Abdulwahid M. Salih, Fahmi H. Kakamad

ABSTRACT

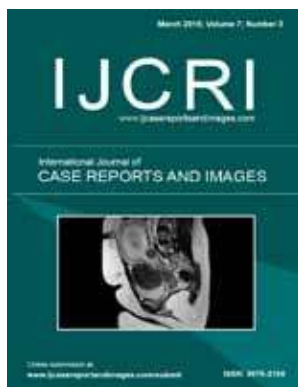
Introduction: Pilonidal sinus is a chronic inflammatory condition associated with the penetration of hair fragments into the skin. The incidence of pilonidal sinus is 0.07%. We present the first reported case of pilonidal sinus occurring in preauricular area in a 22-year-old male.

Case Report: A 22-year-old male presented with pain and pus discharge from the right preauricular area since two years. On local examination, a scar measuring 2 cm at right preauricular area was found with one external opening. Routine investigations were within normal limits. Complete excision of the scar with the tract was performed. Primary closure of the wound was done. Histopathological examination confirmed pilonidal sinus.

Conclusion: Pilonidal disease is a complex condition that causes both discomfort and embarrassment to sufferers. The etiological origin of a pilonidal sinus is controversial. Although reported in several rare areas of the body other than sacrococcygeal area, to our knowledge, this is the first reported case in which pilonidal sinus occurs in preauricular area. Although pilonidal sinus is most frequently found in the sacrococcygeal region, it could occur in other area including preauricular area.

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ABSTRACT

Introduction: Pilonidal sinus is a chronic inflammatory condition associated with the penetration of hair fragments into the skin. The incidence of pilonidal sinus is 0.07%. We present the first reported case of pilonidal sinus occurring in preauricular area in a 22-year-old male. **Case Report:** A 22-year-old male presented with pain and pus discharge from the right preauricular area since two years. On local examination, a scar measuring 2 cm at right preauricular area was found with one external opening. Routine investigations were within normal limits. Complete excision of the scar with the tract was performed. Primary closure of the wound was done. Histopathological examination confirmed pilonidal sinus. **Conclusion:** Pilonidal disease is a complex condition that causes both discomfort and embarrassment to sufferers. The etiological origin of a pilonidal sinus is controversial. Although reported in several rare areas of the body other than sacrococcygeal area, to our knowledge, this is the first reported case in which pilonidal sinus occurs in preauricular

area. Although pilonidal sinus is most frequently found in the sacrococcygeal region, it could occur in other area including preauricular area.

Keywords: Chronic discharging sinus, Hair containing, Pilonidal sinus, Preauricular sinus

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INTRODUCTION

Pilonidal sinus is a chronic inflammatory condition associated with the penetration of hair fragments into the skin. It is a blind tract lined with granulation tissue, which ends in a cavity containing pus [1]. It can be a chronic and recurring condition which is sometimes difficult to cure [2]. The incidence of pilonidal sinus is 0.07% and it is higher among men aged between 15 and 30 years [2]. Male sex, young age, hairiness, deep navel and poor personal hygiene were found to be predisposing factors [3]. Pilonidal sinus occurs mainly in the sacrococcygeal area [4]. However, it may also occasionally occur in other areas like axilla, groin, interdigital web, umbilicus, nose, suprapubic area, clitoris, prepuce, penis, or occiput [5].

We present the first reported case of pilonidal sinus occurring in preauricular area in a 22-year-old male.

CASE REPORT

A 22-year-old male presented with pain and pus discharge from the right preauricular area with intermittent fever since two years. On local examination, a scar measuring 2 cm at right preauricular area was found with one external opening on the center of the scar. Routine investigations were within normal limits. Under local anesthesia, an elliptical incision was taken, complete excision of the scar with the tract was performed. Primary closure of the incision was done. Histopathological examinations showed sinus tract in the center infiltrated by mixed inflammatory cells, associated with foreign body giant cell reaction which contains hair particles (Figure 1). The postoperative course was uneventful. Two months later, wound margin was clear.

DISCUSSION

Pilonidal disease is a complex condition that causes both discomfort and embarrassment to sufferers, and imposes direct costs to the healthcare system and indirect costs to society through absence from work [6]. The etiological origin of a pilonidal sinus is controversial. In the sacrococcygeal region, early reports favored a congenital origin which was unequivocally rejected by clinicians in the second half of the twentieth century [7]. Friction (abduction–adduction), suction, massage, shaving, pounding, minor infection and maceration are assorted mechanisms which play a part in acquired theory of pilonidal sinus [8].

The histological picture and the contents of the pilonidal sinus have been described in detail. All authors agree that the presence of loose hairs is essential for the diagnosis of a pilonidal sinus. Clinically, pilonidal sinus

present as pain, local infection and redness [1]. The commonly adopted surgical techniques in contemporary science for management of pilonidal sinus include incision and drainage, excision and healing by secondary intention, excision and primary closure, and excision with reconstructive flap techniques [6].

Although reported in several rare areas of the body other than sacrococcygeal area, to our knowledge, this is the first reported case in which pilonidal sinus occurs in preauricular area.

CONCLUSION

Pilonidal sinus is most frequently found in the sacrococcygeal region, and is less commonly encountered at other sites. If a hair bearing lesion presents over the face including preauricular area, it could be pilonidal sinus. Histopathological examination is usually confirmatory.

Author Contributions

Abdulwahid M. Salih – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Fahmi H. Kakamad – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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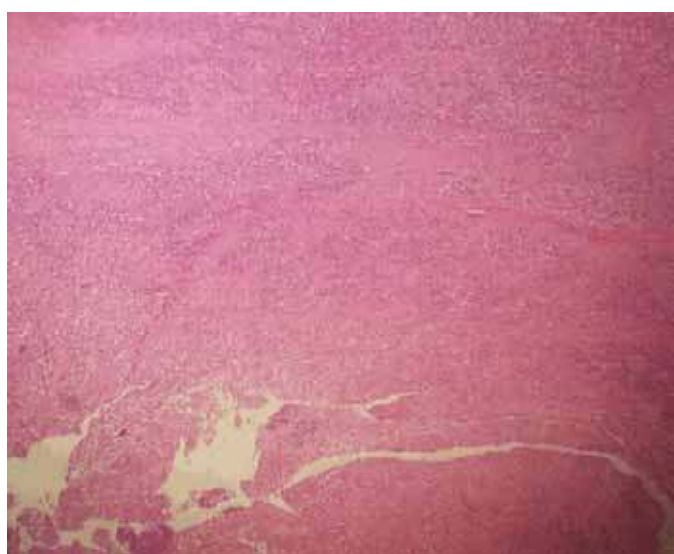


Figure 1: Histological appearance of pilonidal sinus (H&E stain, x100).

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