



Umbilical Pilonidal Sinus, a Lesser-Known and Underdiagnosed Clinical Condition

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Authors' contributions

The sole author designed, analysed, interpreted and prepared the manuscript.

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Case study

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ABSTRACT

Case Presentation: A 46-year-old male patient presented to surgery OPD with a one-year history of intermittent, seropurulent bloody discharge from umbilicus along with pain, tenderness and bulge in the area.

On examination the patient had a hairy body. The umbilicus was everted with sero-haemorrhagic discharge from the sinus and the opening was covered with exudate. Both Laboratory and sonography findings did not yield any significant abnormality. Patient underwent umbilical excision showing sinus tract with bunch of hairs.

Discussion: Umbilical discharge in adult is rare but can be quite alarming.

Failure of conservative methods of hair extraction and appropriate personal hygiene leads to compounding of the problem being recurrent, which makes surgery as an inevitable option.

They have also found that incomplete hair extraction is the commonest cause for failure of conservative management. Proper instruction to the patients at the time of discharge can further reduce the recurrence.

Conclusion: Umbilical Pilonidal Sinus could easily be misdiagnosed and mistreated due to its rarity and lack of awareness of the condition. Diagnosis is easy to establish with physical examination and a detailed history. Treatment of choice for chronic, recurrent, resistant, intermittent cases is surgical removal.

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1. INTRODUCTION

Pilonidal sinus disease is a common, chronic intermittent disorder characterized by a granulomatous reaction to a hair shaft penetrating epidermis from the external surface. Although it is a minor surgical condition, it is associated with considerable morbidity, and has a significant social impact on the affected individuals [1].

It is mainly seen in the sacrococcygeal region. It may be encountered less frequently in other parts of the body such as web spaces of the hands, axilla, perineum, suprapubic region, sole of the foot, amputation stump, and umbilicus. Although the umbilicus was first recognized as a site of pilonidal disease nearly 150 years ago, the condition was not recorded until recent years [2].

It is more common in male subject. And inflammation which is present will extended beyond subcutaneous fat plane upto peritoneum. Umbilical pilonidal sinus is extremely uncommon in women [3].

2. CASE PRESENTATION

A 46 year old male patient presented to surgery OPD with a one year history of intermittent, seropurulent, blood mixed discharge from

umbilicus along with pain, tenderness and swelling in the area.

Patient visited multiple hospital and diagnosed as umbilical abscess and treated with antibiotics and had once incision and drainage and had recurrences. He complained of mild abdominal pain also but any intraabdominal lesion was ruled out by sonography.

On examination the patient had a hairy body. The umbilicus was everted with sero-haemorrhagic discharge from the sinus and the opening was covered with exudate. Both Laboratory and sonography findings did not yield any significant abnormality. The patient was advised umbilectomy {Omphalectomy} to which he gave his consent.

Elliptical incision placed around the umbilicus and tract delineated by injecting methylene blue and probe placed (Fig. 1) and umbilicus excises with pilonidal sinus tract, no attempt was made to reconstruct the umbilicus.

His postoperative course was uneventful. Examination of the removed specimen showed a small cavity lined with granulation tissue containing a few hairs (Fig. 2 & 3). Histology revealed a stratified squamous epithelium lined sinus containing epithelial debris and keratin. And histopathology examination (Fig. 4) confirm the diagnosis.



Fig. 1. Elliptical incision



Fig. 2. & Fig. 3. Small Cavity Lined With Granulation Tissue Containing A Few Hairs

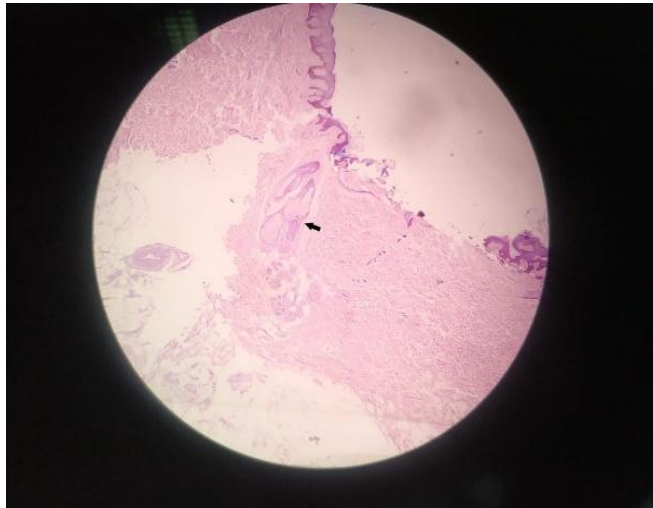


Fig. 4. Histopathology diagnosis

3. DISCUSSION

Patients may not be symptomatic initially, but most complain of pain, discharge or bleeding at the umbilicus when symptoms do develop. With good lighting conditions and the help of an assistant to retract the skin of the umbilicus, hairs can be seen deep in the umbilicus and usually protrude from a small sinus [4].

Umbilical site infection with discharges are very rare and if not treated early its alarming [5].

The rarity of this lesion remains a fact difficult to explain, however, the relatively hard umbilical cicatrix and weak driving force compared to the

sacroccygeal region could be a plausible reason.

Another reason could be that not all the umbilectomy specimens were subject to histopathological examination or that the hairs were discarded before any histological sections were taken.

So if hair seen, must be carefully preserved while examining the operative specimen [6].

Failure of conservative methods of hair extraction and appropriate personal hygiene leads to compounding of the problem being recurrent, which makes surgery as an inevitable option [7].

Incomplete hair extraction is the commonest cause for recurrence and failure of conservative management [8].

4. CONCLUSION

In summary, we report a case of recurrent discharge from umbilicus in a middle aged patient who was later treated by umbilectomy and diagnosed as a case of Umbilical Pilonidal Sinus on histopathology. Our paper confirms microscopic features and treatment of this rare disease.

UPS could easily be misdiagnosed and mistreated due to its rarity and lack of awareness of the condition. Diagnosis is easy to establish with physical examination and a detailed history. And surgical removal is the treatment of choice for chronic, recurrent, resistant umbilical pilonidal case.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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