



## Recurrence Problem of the Flap Techniques Used for Pilonidal Sinus Treatment

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### Clinical Image

The treatment of the pilonidal disease is surgical with one of the most extensive being excision of the diseased tissue down to the sacral fascia. The closure of the defect is technically challenging and needs to be covered with local flap procedures unless intended to use lay-open method or primary suturing. Limberg flap is the most used technique among those surgeries [1-3]. The author also described a new technique called elliptical rotation flap [4]. During the past 10 years, we have seen lots of pilonidal sinus recurrences treated with various flap techniques (Figures 1-3). Infact, most of the problems were not real recurrence. Wound break down after flap coverage of the defect was occurred before complete wound healing had taken place, than subsequent wound infection and discharge ensued. Wide skin excision is not necessary for the treatment since the skin is not involved with the disease. Less invasive techniques without skin excision have better results. Fistulotomy and



Figure 1: Limberg flap recurrence.



Figure 2: Elliptical rotation flap recurrence.



Figure 3: Dufourmental flap recurrence.

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curettage or marsupialization would be the first option for primary cases [5]. Flap techniques must be used with cautiously because of the high recurrence rates.

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