AB058. SOH21AS242. Negative pressure wound therapy following excision of pilonidal sinus disease: a retrospective cohort study

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Background: Surgical management of pilonidal sinus disease (PSD) is challenging. Primary closure is associated with high recurrence rates while healing by secondary intention can be prolonged. We set out to evaluate outcomes in patients with PSD treated by surgical excision and application of negative pressure wound therapy (NPWT).

Methods: A retrospective cohort study of patients with PSD managed by surgical excision and application of NPWT was performed over five years. Primary endpoints were recurrence and failed wound healing. Secondary endpoints included 30-day readmission, wound infection, reoperation and compliance with NPWT.

Results: Forty-one patients were included. Median age was 29 years, with male predominance (78%) and 41.5% were smokers. There was 100% compliance with NPWT. All patients’ wounds healed successfully, with median time for NPWT being 41 days. Only one patient (2.4%) developed recurrence and required reoperation. The 30-day readmission rate was 4.8% (n=2). Two patients (4.8%) developed wound infections. Three patients referred with recurrent PSD were successfully managed by this technique. Most patients (68.3%) were managed as a day case procedure.

Conclusions: The ideal surgical strategy for PSD should have low recurrence rates, excellent wound healing, low complication rates, short inpatient length of stay and be tolerated by the patient. Our results demonstrate that our technique of complete surgical excision followed by application of NPWT meets all of these criteria. To our knowledge, this study contains the largest number of patients with PSD managed by excision and NPWT in the literature.

Keywords: Pilonidal sinus; pilonidal abscess; pilonidal disease; negative pressure wound therapy (NPWT); vacuum-assisted closure

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Footnote

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