Incision and drainage preceding definite surgery achieves lower 20-year long-term recurrence rate in 583 primary pilonidal sinus surgery patients.

Abstract:

It has long been suspected that acute infection leads to less satisfactory results in soft tissue surgery. Its influence on long-term recurrence rate in primary pilonidal sinus surgery has not been investigated yet. 583 patients (military cohort) were analyzed, comparing an incision and drainage (I&D;) group preceding surgery (n = 286 pts) with a spontaneous abscess and empyema rupture group (n = 297 pts). Long-term recurrence rate up to 25 years following surgery was determined. The I&D; group achieved a 20-year recurrence rate of 24 %, whereas the non-I&D;-group; had 35 % recurrences (p = 0.0034). Analyzing the subgroup with primary open wound treatment (n = 349 pts), the I&D; group did significantly better after 20 years (16 % actuarial recurrence rate versus 34 %; p = 0.009; log-rank-test). Early I&D; treatment preceding definite surgery for some weeks seems to give significant superior results compared to primary surgery without I&D.; The combination of early I&D; and asymmetric excision and out of the midline closure is expected to give even further improved results compared to this cohort. The optimum interval between I&D; and definite surgery has still to be determined.