Intermammary pilonidal sinus: A rare presentation

**Abdulwahid M. Salih, Fahmi H. Kakamad,
Mustafa Hamamin Abdulqadr**

ABSTRACT

Introduction: Pilonidal sinus is a sinus that contains hairs. It occurs mainly in the sacrococcygeal area. However, it may occasionally occur in other areas like axilla, groin, interdigital web, umbilicus, nose, suprapubic area, clitoris, prepuce, penis, or occiput.

Case Report: A 16 -year-old female with chronically discharging sinus (pilonidal sinus) in the intermammary area for one year duration. Complete excision of sinus tract with abscess cavity was performed under general anesthesia. Primary closure was done. Drain was put. Histopathological examinations confirmed pilonidal sinus. The wound showed clear margins after four months of follow-up.

Conclusion: Although rare, pilonidal sinus may occur in intermammary area with relatively same presentations.

International Journal of Case Reports and Images (IJCRI)

International Journal of Case Reports and Images (IJCRI) is an international, peer reviewed, monthly, open access, online journal, publishing high-quality, articles in all areas of basic medical sciences and clinical specialties.

Aim of IJCRI is to encourage the publication of new information by providing a platform for reporting of unique, unusual and rare cases which enhance understanding of disease process, its diagnosis, management and clinico-pathologic correlations.

IJCRI publishes Review Articles, Case Series, Case Reports, Case in Images, Clinical Images and Letters to Editor.

Website: www.ijcasereportsandimages.com

CASE REPORT

PEER REVIEWED | OPEN ACCESS

Intermammary pilonidal sinus: A rare presentation

Abdulwahid M. Salih, Fahmi H. Kakamad,
Mustafa Hamamin Abdulqadr

ABSTRACT

Introduction: Pilonidal sinus is a sinus that contains hairs. It occurs mainly in the sacrococcygeal area. However, it may occasionally occur in other areas like axilla, groin, interdigital web, umbilicus, nose, suprapubic area, clitoris, prepuce, penis, or occiput. **Case Report:** A 16 -year-old female with chronically discharging sinus (pilonidal sinus) in the intermammary area for one year duration. Complete excision of sinus tract with abscess cavity was performed under general anesthesia. Primary closure was done. Drain was put. Histopathological examinations confirmed pilonidal sinus. The wound showed clear margins after four months of follow-up. **Conclusion:** Although rare, pilonidal sinus may occur in intermammary area with relatively same presentations.

Keywords: Abscess, Hair containing sinus, Intermammary, Pilonidal sinus

How to cite this article

Salih AM, Kakamad FH, Abdulqadr MH.
Intermammary pilonidal sinus: A rare presentation.
Int J Case Rep Images 2016;7(1):48–50.

doi:10.5348/ijcri-201610-CR-10597

INTRODUCTION

Pilonidal disease is a common medical problem that accounts for almost 15% of anal suppurations [1]. Pilonidal sinus is a sinus that contains hairs [2]. It occurs mainly in the sacrococcygeal area [2]. However, it may also occasionally occur in other areas like axilla, groin, interdigital web, umbilicus, nose, suprapubic area, clitoris, prepuce, penis, or occiput [3]. The onset of pilonidal sinus is rare before puberty and after the age of forty [4]. Males are affected more frequently than females by a ratio of three to one [4]. It, clinically, presents as pain, local infection and redness [5].

Intermammary pilonidal sinus is an extremely rare condition with only five reported cases in literatures [3, 5, 6–8]. We present a case of intermammary pilonidal sinus with unusually large area of induration.

CASE REPORT

A 16-year-old female presented with a chronic discharging sinus in the intermammary area for one year duration with increasing in size and amount of discharge in last six months. Examination showed a single discharging sinus with 8x9 cm induration and tenderness.

Abdulwahid M. Salih¹, Fahmi H. Kakamad², Mustafa Hamamin Abdulqadr³

Affiliations: ¹Faculty of Medical Sciences, School of Medicine, Department Surgery, University of Sulaimani, François Mitterrand Street, Sulaymaniyah, RAQ; ²Faculty of Medical Sciences, School of Medicine, Department Cardiothoracic and Vascular Surgery, University of Sulaimani, François Mitterrand Street, Sulaymaniyah, IRAQ; ³Faculty of Medical Sciences, School of Medicine, Department Histopathology, University of Sulaimani, François Mitterrand Street, Sulaymaniyah, IRAQ.

Corresponding Author: F. Hussein Kakamad, Faculty of Medical Sciences, School of Medicine, Department Cardiothoracic and Vascular Surgery, University of Sulaimani, François Mitterrand Street, Sulaymaniyah, IRAQ; Email: fahmi.hussein@univsul.edu.iq

Received: 01 November 2015

Accepted: 21 November 2015

Published: 01 January 2016

After preparation for general anesthesia, complete excision of sinus tract with abscess cavity was performed. Primary closure was done after irrigating the wound with povidone and normal saline. Drain was put which was removed six days later. Multiple histopathological examinations confirmed pilonidal sinus with a tract infiltrated by mixed inflammatory cell associated with pus cell collection with presence of scattered hair shaft in the tract (Figure 1). The wound showed clear margins after four months of follow-up.

DISCUSSION

In 1880, Hodge coined the term ‘pilonidal’ from the Latin word pilus meaning hair and nidus meaning nest [5]. It was named so because these are hair containing sinus [3]. A Pilonidal sinus is a tract with blind-end lined by granulation tissue, which connects to a cystic cavity with epithelial lining [3]. The etiology of pilonidal sinus is not well known. Two main theories are suggested: the acquired and the congenital theories. However, the majority of authors favors the former theory because pilonidal sinus appears to occur in areas other than sacrococcygeal area [2]. Pilonidal sinus usually occurs more commonly in male and in sacrococcygeal area while all reported intermammary pilonidal sinus patients, including ours, are female [3, 5–8]. This may be explained by pressure effect of breast in female.

Incision and drainage are the treatment of choice for the symptomatic intermammary pilonidal sinus. In case of wide excision, the wound are left for healing by secondary intention, alternatively primary closure can be done, or plastic surgery technique is performed [3].

CONCLUSION

Although rare, pilonidal sinus may occur in intermammary area especially in female patients with relatively same presentations and mode of treatment.

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

Mustafa Hamamin Abdulqadr – 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.

Copyright

© 2016 Abdulwahid M. Salih et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

REFERENCES

1. Clothier PR, Haywood IR. The natural history of the post anal (pilonidal) sinus. *Ann R Coll Surg Engl* 1984 May;66(3):201–3.
2. Oueidat D, Rizkallah A, Dirani M, Assi T, Shams A, Jurjus A. 25 years’ experience in the management of pilonidal sinus disease. *Open Journal of Gastroenterology* 2014;4:1–5.
3. Sunkara A, Wagh D, Harode S. Intermammary pilonidal sinus. *Int J Trichology* 2010 Jul;2(2):116–8.
4. Søndena K, Andersen E, Nesvik I, Søreide JA. Patient characteristics and symptoms in chronic pilonidal sinus disease. *Int J Colorectal Dis* 1995;10(1):39–42.
5. Yavalkar P, Shelke R. Intermammary Pilonidal Sinus: A Case Report. *Indian Journal of Medical Case Reports* 2014;3(2).
6. Lion-Cachet J. Inter-mammary pilonidal sinus. *S Afr J Surg* 1971 Jul-Sep;9(3):141–2.
7. Richardson HC. Intermammary pilonidal sinus. *Br J Clin Pract* 1994 Jul-Aug;48(4):221–2.

Figure 1: Histological Confirmation Of Pilonidal Sinus.

8. Demiralay E, Höbek A, Altaca G. Inter-mammary pilonidal sinus; an extremely rare location: case report. BTDMJB 2009;5(2):78–9.

Access full text article on
other devices

Access PDF of article on
other devices

Edorium Journals: An introduction

Edorium Journals Team

About Edorium Journals

Edorium Journals is a publisher of high-quality, open access, international scholarly journals covering subjects in basic sciences and clinical specialties and subspecialties.

Invitation for article submission

We sincerely invite you to submit your valuable research for publication to Edorium Journals.

But why should you publish with Edorium Journals?

In less than 10 words - we give you what no one does.

Vision of being the best

We have the vision of making our journals the best and the most authoritative journals in their respective specialties. We are working towards this goal every day of every week of every month of every year.

Exceptional services

We care for you, your work and your time. Our efficient, personalized and courteous services are a testimony to this.

Editorial Review

All manuscripts submitted to Edorium Journals undergo pre-processing review, first editorial review, peer review, second editorial review and finally third editorial review.

Peer Review

All manuscripts submitted to Edorium Journals undergo anonymous, double-blind, external peer review.

Early View version

Early View version of your manuscript will be published in the journal within 72 hours of final acceptance.

Manuscript status

From submission to publication of your article you will get regular updates (minimum six times) about status of your manuscripts directly in your email.

Our Commitment

Six weeks

You will get first decision on your manuscript within six weeks (42 days) of submission. If we fail to honor this by even one day, we will publish your manuscript free of charge.

Four weeks

After we receive page proofs, your manuscript will be published in the journal within four weeks (31 days). If we fail to honor this by even one day, we will publish your manuscript free of charge and refund you the full article publication charges you paid for your manuscript.

Most Favored Author program

Join this program and publish any number of articles free of charge for one to five years.

Favored Author program

One email is all it takes to become our favored author. You will not only get fee waivers but also get information and insights about scholarly publishing.

Institutional Membership program

Join our Institutional Memberships program and help scholars from your institute make their research accessible to all and save thousands of dollars in fees make their research accessible to all.

Our presence

We have some of the best designed publication formats. Our websites are very user friendly and enable you to do your work very easily with no hassle.

Something more...

We request you to have a look at our website to know more about us and our services.

We welcome you to interact with us, share with us, join us and of course publish with us.

Edorium Journals: On Web

Browse Journals

CONNECT WITH US