

Evidence-Based Management of Sacrococcygeal Pilonidal Sinus

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Abstract

A best evidence topic was arranged according to the previously accepted structured protocol. The question addressed here was if flap construction after excision of pilonidal sinus tracks showed difference in functional outcome compared to simple closure. A total of 118 papers were found using the reported search, six represented the best evidence to answer the clinical question. The authors, journal, date and country of publication, patient group, study type, outcomes and key results of these papers are tabulated. Of these six studies, one was one was systematic review of prospective randomized controlled trials and the other five were prospective randomized controlled studies. Four studies showed that flap construction was not superior to simple primary closure techniques in terms of outcome and patient satisfaction. The other two reported that excision and flap construction was better than excision and primary repair in treatment of pilonidal disease.

Introduction

The process of evidence-based medicine (EBM) for searching of the best available evidence for optimization of surgical practice is fundamental in every profession. The scope of EBM consists of converting the need of information for managing a particular case into a specific structured question which can be answered precisely [1]. Evidence-based practice should involve the integration of the best available research with the clinician's expertise, while also taking into consideration the patient's personal preferences and circumstances [2]. The evidence is usually retrieved from the literature. At the top of the hierarchy are systematic reviews of randomized clinical trials followed by randomized clinical trials (RCTs) [1]. A best evidence topic was constructed according to a structured protocol as described previously [3,4] as generating a clinical scenario, posing a three-part question, performing a literature search, identifying the relevant papers, appraising the papers, tabulating the results, revisiting and updating the Best Evidence Topic or (Best BET) and conclusion [4]. The optimal treatment of chronic pilonidal sinus is still a matter of debate. Excision with primary closure, either in the midline or laterally, or with the use of flaps are usually performed and compared for length of hospital stay, pain, overall cost and recurrence rates [5].

Clinical Scenario

The treating doctor is in the out-patient clinic discussing with his patient the surgical excision of the pilonidal sinus tracks with closure of the defect whether performing simple or flap closure. The treating doctor together with his team is familiar with the different surgical methods of repair and closure of the resultant defect after excision of the sinus tracks. Every patient is concerned about the two methods of closure and its outcome. He resolves to check the literature to determine if simple closure is associated with better or worse functional outcome as compared to flap closure.

Three-part question

The three-part question is composed of:

1. Patient characteristic
2. Interventions
3. Outcome [4].

In patients who undergo surgery for pilonidal sinus in case of recurrent diseases, does simple closure as compared to flap surgery improve functional outcome?

Search strategy

Using the Google scholar engine search, the following phrases were searched for: [Pilonidal sinus surgery] AND [midline OR flap closure] AND [recurrence] AND [hospitals stay] AND [wound disruption] AND [operative time] AND [complications].

Search outcome

118 papers were found using the above-mentioned phrases. Using the criteria outlined as the Best Evidence Topic or (Best BET) in a previous publication [3,4], the author selected only those papers which directly traced and compared the impact of simple closure versus flap reconstructive surgery with respect to functional outcome. This yielded a total of six papers (one was systematic review of prospective randomized controlled trials and the other five were prospective randomized controlled studies).

Results

