



Authors Reply to “Comment on the Day–Care Surgery for Pilonidal Sinus Using Sinotomy Technique and Fibrin Glue Injection”

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Dear Editor,

First of all, we are very pleased about comments of Dr.Ince and Dr.Aslan on our paper [1]. We want to clarify some topics for the readers.

Various techniques are applied currently in the treatment of pilonidal sinus disease [2]. Nevertheless, optimal treatment methods for each condition of pilonidal disease have yet to be clarified. The ideal approach for treating pilonidal disease should be simple, inflict minimal pain, have the best chance for a cure and the least local recurrence rate, avoid admission to the hospital, avoid general anesthesia, and require minimal wound care, inconvenience and time off work for the patient [3,4].

Tezel proposed such a system that is based on the navicular area concept [5]. This system hasn't been accepted worldwide because it does not solve the problem.

For example, according to the Tezel classification system, similar operations are recommended for different types of pilonidal disease. Irkörücü et al. proposed an easy five-point classification system for pilonidal disease based on the natal cleft [6] (Table 1).

Nonsurgical techniques have included: local hygiene and weekly shaving of the sacrococcygeal area, laser epilation of the intergluteal hair [7], and phenolization of the sinus tracts, but the latter carries considerable risk of chemical burn and seroma formation [8].

Patients who have a non-infected pilonidal sinus, no previous surgery, and the number of the tracts varying from 1 to 3 were included in this study [9]. In our study, non-infected pilonidal sinus means the patients who had a pilonidal abscess at the admission date were excluded. Furthermore, patients who had more than 3

Table 1. Irkörüçü and Adana Numune's classification and treatment concept in sacrococcygeal pilonidal disease.

Type	Definition	Recommended Management
I Pit(s) on the natal cleft		
Ia	Asymptomatic one or more pit(s) on the natal cleft without a history of abscess	Conservative methods (e.g., Local hair removal, epilation, etc.)
Ib	Symptomatic and / or more than one pit on the natal cleft	Simple surgical managements (e.g., Phenol application, incise and lay-open, sinectomy, etc.) or Bascom Procedure
II Pit(s) on either side of the natal cleft		
IIa	Distance to the natal cleft <2.5 cm	Moderate surgical procedures (e.g., Unroofing and curettage, Karydakis, cleft lift procedure, etc.)
IIb	Distance to the natal cleft >2.5 cm	Simple flap procedures (e.g., Rhomboid excision and limberg flap, Oval flap, V and Y advancement flap, etc.)
III Pits on both sides of the natal cleft		
IV Complex pilonidal disease with multiple pits on the side of the natal cleft		Flap procedures with wide excision (e.g., Modified rhomboid excision and limberg flap, Dufourmental rhomboid flap, etc.)
V Recurrent pilonidal disease		Wide excision and large flap procedures (e.g., Rotation flaps, double rhomboid transposition flap, crossed triangular flaps, negative pressure wound therapy, etc.)
		Surgical procedures should be preferred according to the extension of the recurrent disease

pits on the natal cleft were excluded. This technique was used in types Ib, IIa, IIb, and some type III patients according to Irkörüçü and Adana Numune's Classification and Treatment Concept. Type IV and V patients were excluded from this study. Wide excision and large flap procedures were recommended for these patients.

Postoperatively, the patients were advised on the importance of regular shaving of the buttocks and hygienic measures. Long-term follow-up and disease recurrence were assessed by a telephone interview. Patients were considered to have recurrent disease if they required reoperation or reported symptoms of local pain, discharge, or intermittent swelling [9].

The results were compared to the other literatures including similar techniques. No recurrence was seen in our study. Moreover, Yalcin [10] reported that sinotomy has the advantages of simplicity and the possibility to operate under local anesthesia, with an excellent recurrence rate of 0% and a complication rate of 1.69%. By the way, excisional surgery entails wide excision of the sinus together with the sinus-bearing normal tissue down to the sacral fascia. Some authors have reported success with complex flap procedures [11], whereas others have found them to not be advantageous over the lay-open and sinotomy techniques [12].

We believe that this technique is simple and safe.

The procedure was carried out under local anesthesia on an outpatient basis. The patients returned to their routine within a short duration of time.

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Conflict of interest statement

The authors have no conflicts of interest to declare.

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