



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

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Dear Editor,

We read the article discussing day-care surgery for a pilonidal sinus using a sinotomy technique and fibrin glue injection, studied by Sozen et al. [1] and recently published in your journal. We want to clarify some discrepancies about this article.

According to Tezel's classification [2] for a pilonidal sinus (PS), Type I PS is an asymptomatic pit(s) without a history of abscess and/or drainage. The pits are almost always within the navicular area and require no surgical therapy. He recommends local hair removal and good personal hygiene. 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. According to these criteria, all patients were type I PS in the study. Therefore, selected patients could be treated not only with non-surgical techniques such as fibrin glue [3] and phenol

[4], but also local hair removal and good personal hygiene.

How did the authors evaluate the infection and recurrence? There are no re-admissions and no information about follow-up after operation day. Is there any recommendation to patients, such as shaving, for the prevention of recurrence?

In conclusion, one of the most important issues in the treatment of PS is recurrence. Recurrence rates in other literatures for surgical treatment have been found between 6 and 16% [5,6], but they found no recurrence in their study. Also, other literatures included patients who had all types of chronic PS according to Tezel's classification, but patients who had only type I PS were included in this study. Therefore, these results should not be compared. Flap techniques are generally used in the treatment of complicated and recurrent PS in our country [7,8].

Conflict of interest statement

The authors have no conflicts of interest to declare.

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