Pilonidal Disease can be Treated by Dermatologists with Crystallised Phenol in Outpatient Clinics

Sir,

Pilonidal disease, hidradenitis suppurativa, acne conglobata, and dissecting cellulitis of the scalp are the members of follicular occlusion tetrad with similar pathophysiology, which is initiated by follicular occlusion in apocrine gland bearing areas. Interestingly, while the treatment of hidradenitis suppurativa, acne conglobata, and dissecting cellulitis has been undertaken by dermatologists, the treatment of pilonidal disease has been left to general surgeons. However, pilonidal disease can also be treated by dermatologists with crystallised phenol using a minimally invasive technique in outpatient clinics. Hereby, we would like to explain crystallised phenol technique in detail in order to encourage dermatologists to treat pilonidal disease. The detailed visual description of crystallised phenol technique in the treatment of pilonidal disease is depicted in Figure 1.

The treatment of pilonidal disease with crystallised phenol has many advantages. This technique is minimally invasive; moreover, learning curve is extremely short. Only one-time application is enough to learn the whole procedure. There is no need for operating room settings. Dermatologists can apply crystallised phenol to their patients with pilonidal sinus in their outpatient clinics. Furthermore, patients can get to work after the procedure immediately. Possible postoperative complications, such mild pain, purulent discharge, and abscess formation, can be treated with non-steroidal anti-inflammatory drugs and antibiotics. Moreover, referring the patient to a general surgeon is always an available option.

The post-treatment cosmetic results are excellent, as there are no incisions or stitches after the procedure. Phenol treatment has a 30-40% failure rate with multiple and suppurative pilonidal disease. However, patients who have limited disease (1-3 pilonidal pits) have higher success rates. Our two-year follow-up of 50 patients with pilonidal disease treated with one-time application of crystallised phenol revealed 80% complete healing rate. Therefore, we encourage our dermatology specialist colleagues to treat patients diagnosed with pilonidal disease with crystallised phenol in their outpatient clinics.

CONFLICT OF INTEREST:
Authors declared no conflict of interest.

AUTHOR’S CONTRIBUTION:
MEY: Conception, design, drafting the manuscript and approval for publication.

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