LETTER TO THE EDITOR

The Best Therapy for Pilonidal Disease: Which Management for Which Type?

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To the Editor,

We read with great interest the article by Moran et al. [1], whose work shows that excision and primary closure with a Karydakis flap is an effective treatment for chronic pilonidal disease. We would like to express our opinion, based on three important questions: First, is the seriousness or involvement of the disease similar in all patients? Second, is only one type of surgical procedure preferred in all patients? Third, is there a correlation between recurrence and extension of the disease? We believe that there must be a difference between the management of a patient with a small asymptomatic pit on the natal cleft and another patient with extensive symptomatic disease where one or more sinus openings lies outside the natal cleft.

A practical and realistic classification system that reflects the extension of the disease should be proposed so that we can compare the results of the surgical procedures according to the type of pilonidal disease being treated.

Recently, Tezel proposed such a system that is based on the navicular area concept [2], and Awad et al. have proposed a scoring system to facilitate the decision for management of the disease [3]. Neither of these systems has been accepted worldwide because neither solves the problem. For example, according to the Tezel classification system, similar operations are recommended for different types of pilonidal disease. Further, the scheme proposed by Awad et al. is a scoring system, not a classification system.

Starting anew, we proposed an easy five-point classification system for pilonidal disease based on the natal cleft.

Type I: Pit(s) on the natal cleft
Type II: Pit(s) on either side of the natal cleft
Type III: Pits on both sides of the natal cleft
Type IV: Complex pilonidal disease with multiple pits on and beside the natal cleft
Type V: Recurrent pilonidal disease (see Table 1)

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Table 1 The classification of pilonidal disease

Type		Definition	Recommended management
Ia	Pit(s) on the natal cleft	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
IIa	Pit(s) on either side of the natal cleft	Distance to the natal cleft < 2.5 cm	Moderate surgical procedures (e.g., Unroofing and curetage, 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 side of the natal cleft		Flap procedures with wide excision (e.g., Modified rhomboid excision and limberg flap, dufourmentel rhomboid flap, etc.)
IV	Complex pilonidal disease with multple pits on and side of the natal cleft		Wide excision and large flap procedures (e.g., Rotation flaps, double rhomboid transposition flap, crossed triangular flaps, negative pressure wound therapy, etc.)
V	Recurrent pilonidal disease		Surgical procedures should be preferred according to the extension of the recurrent disease

References

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2. Tezel E (2007) A new classification according to navicular area concept for sacrococcygeal pilonidal disease. Colorectal Dis 9:572–576

3. Award MMS, Elbaset AA, Ebraheem S et al. (2009) A scoring system as a method to evaluate pilonidal sinus disease to make an easy decision for its management 42:43–48