

Early experience of the use of fibrin sealant in the management of children with pilonidal sinus disease.

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Publication Date: 2015

Abstract:

Background The use of fibrin sealant in the management of pilonidal sinus disease has not previously been described in children. We present our experience of primary pit excision and use of fibrin sealant (PEF) and compare outcomes with lateralising flap procedures (LFP). **Methods** A single centre retrospective case note review of all children who had undergone a definitive procedure for pilonidal sinus from August 2006 to Dec 2013 was performed using data expressed as median (range) and compared using Fisher's exact test. $P < 0.05$ was regarded as significant. **Results** Forty-one children were identified having undergone 49 procedures, with median age 15 (12-16 years) and follow up 32 (8-92) months. Groups were comparable for disease severity. Ten children underwent primary PEF and twenty-six LFP. Two children had recurrence following primary PEF and had repeat PEF which was curative. Overall recurrence rates following PEF procedure were comparable to LFP (17% vs 21%; $P = 1.0$). There were no wound dehiscences in the PEF group and one wound infection. There was one wound dehiscence and one wound infection in the LFP group. Median operative time for PEF was lower than LFP (20 vs 60 min, $P = 0.001$). 83% of PEF procedures were performed as day cases. One child was lost to follow up, and two children progressed to adult services. **Conclusions** We recommend PEF in children with pilonidal sinus disease as primary treatment and for recurrence. PEF has comparable recurrence and wound infection rates to LFPs, is performed as day case, has shorter anaesthetic times, and the risk of wound dehiscence is avoided.