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Case Report

Unusual site of a pilonidal cyst

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Abstract. A pilonidal sinus is a sinus tract which commonly contains hairs. Regularly we meet the disease with a sacrum-coccygeal location in hairy men. Nowadays we consider that the pilonidal sinus is acquired. We present a clinical case of unusual site of a pilonidal cyst, on the cheek. The patient was a young male, 36 years old and not with a hair excess on his body.

Key Words: young patient, pilonidal cyst, unusual site.

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Introduction

Pilonidal cyst (PC) or pilonidal sinus (PS) is a common disease located in the sacrum-coccygeal region with weak hair accumulation. The incidence of PC, a benign disease that occurs usually in young men (McCallum et al 2008; Akinci et al 2009), is approximately 26/100,000.

The etiology and pathogenesis of PC are not clear, although the disease is thought to be related to the accumulation of weak and lifeless hair in the intergluteal region (where is the most frequent location) that penetrate the skin because of friction and pressure, tight clothing, bicycling, in case of long periods of sitting or similar factors, which force the hair down to enter into skin. Over time it occurs foreign body reaction, which causes sinus formation and abscess, the disease being chronic but presenting acute exacerbations (Petersen et al, 2007; Sondenaa et al 1995).

Among the conditions associated with pilonidal cyst, the most frequent are obesity, trauma, local irritation and a sedentary lifestyle (Sondenaa et al 1995; Kosaka et al 2007).

Most frequently a PC may be asymptomatic, and the only sign of its presence may be a small pit on the surface of the skin.

Sometimes it appears as an infection on clinical examination; we encounter a swollen mass in the sacrum-coccygeal region, the patient presenting pain, signs of inflammation, sometimes fever, drainage of pus with an unpleasant smell from a fistulous orifice situated at some distance from the orifice of the origin of PC or even hairs from the tract.

The treatment for a PC (de novo or a recurrence after previous surgery) is usually surgical, consisting in a complete removal and reconstruction (Yildiz et al 2013) or leaving the wound opened to be healed per secundam, but with high recurrence rates (Urhan et al 2002; Yildiz et al 2013).

In case of a pilonidal abscess, incision, drainage and removal of the hairs, pus and other debris are mandatory. We may choose between an opened wound and a closed one. An opened wound means that the surgical wound is left open and packed with dressing to allow it to heal from the inside out, resulting in a longer healing time but usually with a lower risk of a cyst recurrence. It is known that the cicatricial tissue does not contain hair follicles. So a "per secundam" healing of the wound with scar tissue has a lower rate of PC recurrence.

Also, it was described the appearance of squamous cell carcinoma in case of chronically infected sacrum-coccygeal pilonidal cysts (Pilipshen et al 1981; Kulaylat et al 1996). The incidence is about 0.1% (Parpoudi et al 2015; Michalopoulos et al 2017). Beside squamous cell carcinoma has been reported basal cell carcinoma, sweat gland adenocarcinoma, and verrucous carcinoma (White et al 2012; Newlin et al 2004; Mentez et al 2008).

Case presentation

In July 2014, a 36 year old male presented with a small tumor located on the right cheek, having prior signs of inflammation from time to time and also with history of a long hair removed by himself from this region. The tumor was painless and with no signs of inflammation. We made a small incision on the skin above the tumor and through it we excised a small pilonidal cyst (5x4x3 mm) containing long curved hairs (Fig. 1). The patient have signed an informed consent for use of the data and photos made after surgery.

After removal, we sutured the skin with Polipropilene 4.0 (Fig. 2). The wound was primarily healed and later controls showed no signs of recurrence. The histopathological examination confirmed the diagnosis.

Discussions

The pilonidal disease is commonly found in men, aged from 15 to 40 years, usually in the sacrum-coccygeal region. There are descriptions of barbers, dog groomers and sheep shearers that

Fig. 1. The hairs excised form the pilonidal right cheek sinus

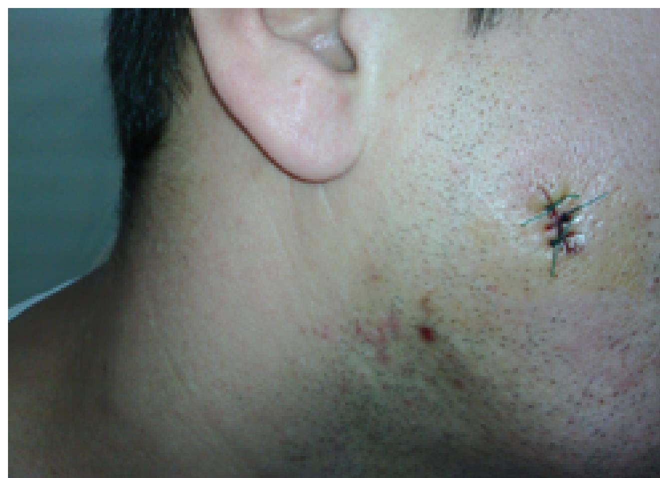

Fig.2. The location on the right cheek of the pilonidal cyst

have developed pilonidal cysts in the skin between their fingers. There were described cases with the same pathology located on the neck, the scalp and in other areas too. Also, there have been reported other locations of a pilonidal sinus: breast, scalp, sternum, neck, groin, penis, axilla (Lahiri et al 2014; Gannon et al 1988; Çiftci and Abdurrahman 2015; Ohtsuka et al 1994; Sion-Vardy et al 2009). This was the first time we encountered a pilonidal sinus on the cheek of a young male and we did not find another report in the literature.

A possible cause may be the repeated shaving of the area, with remaining of little hair fragments which can enter under the skin. The cyst was not infected and we could remove it entirely and close the wound. An ingrown hair was excluded because of many hairs inside the excised cyst. Usually, an ingrown hair is more common in people who have very curly or coarse hair, which appeared because the hairs have curled around and grown back into the skin, instead of rising up from it; many times, we may see the hair that causes the problem.

The excision of the cyst is preferred whenever there are no signs of inflammation because of per primam healing, especially when the cyst is located on a person's face. In case of an abscess we have to drain the pus and give antibiotherapy.

Conclusion

We cannot neglect such conditions because a pilonidal cyst may be uncomfortable and may grow and produce inflammation and may leave ugly scars on the cheek. A tumor under the skin can still offer surprises of diagnosis!

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