



# A New Approach to Classification of Pilonidal Disease

## Pilonidal Sinüs Sınıflandırmasında Yeni Bir Yaklaşım

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### Dear Editor;

Classification of pilonidal disease (PD) is necessary? This is an important question for adequate and standardized treatment of PD. There were a few classifications of PD in literature. Tezel<sup>1</sup> was classified PD into five types according to navicular area as Type I: asymptomatic pit, Type II: acute pilonidal abscess, Type III: pits in navicular area and previous abscess and drainage, Type IV: extensive disease and Type V: recurrent disease. Irkörüçü et al.<sup>2</sup> were classified PD as 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 PD with multiple pits on and beside the natal cleft and Type V: recurrent PD. Awad et al.<sup>3</sup> was used scoring system for evaluation PD. Scoring system was based on sex, weight, hirsute and sinus characterization including number of sinus, site, size, recurrence and duration of disease.<sup>3</sup>

These classification models have missing points such as non-sacroccygeal region or extension to lomber or perianal region. One third of our patients admitted and operated due to PD. We noticed that disease which extent to lomber region, turns to right or left side not extent midline. Disease which extent to perianal region, reach to 5 cm distance from anal verge and ends blindly in midline or fistula right or left side (outside of "Goodsall rule"). Recurrence occurs as a result of ingrown hairs stuck to open wounds generally. Asymptomatic patients are the patients who were examined

for another disease and detected sinus orifice or sinus tissue at sacrococcygeal region. If a patient admit to surgery then he or she is not asymptomatic. Treatment of pilonidal abscess is drainage initially then adequate surgery performed.

We aimed to offer a new approach for classification of PD in the light of above issues. First five types covers sacrococcygeal region and the sixth type is about non-sacroccygeal region. Classification of sacrococcygeal region based on dividing sacrococcygeal region into four parts by lines as intergluteal sulcus, gluteal region, lomber region and perianal region (Figure 1).

Classification of PD;

Type I: A: Limited at intergluteal sulcus with single sinus orifice  
B: Limited at intergluteal sulcus with more than one sinus orifice,

Type II: Orifices of sinus or fistula extent from intergluteal sulcus to right/left gluteal region,

Type III: A: Orifices of sinus or fistula extent from intergluteal sulcus to lomber region,

B: Orifices of sinus or fistula extent from intergluteal sulcus to perianal region,

Type IV: Complex pilonidal sinus (orifices of sinus or fistula extent from intergluteal sulcus to lomber and/or perianal and/or gluteal region),

Type V: Recurrent pilonidal sinus,



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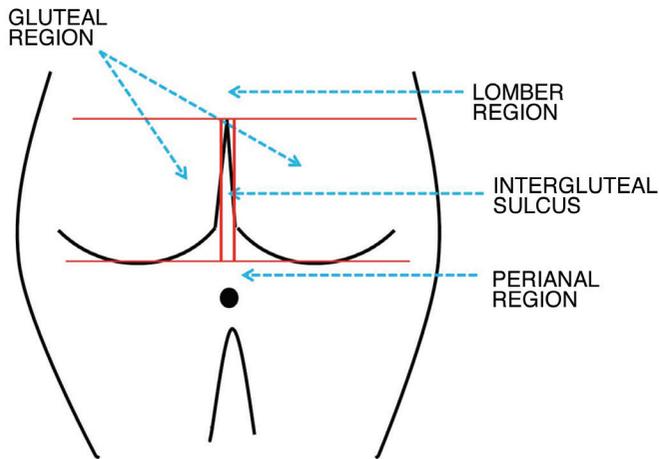


Figure 1. Lines and regions of classification

Type VI: Non-sacroccygeal pilonidal sinus (umbilical, interdigital, genital (penis or vulva), breast, eyelid or mixed type such as umbilical and sacroccygeal).

Classification of PD is important for adequate and standardized treatment. Intergluteal region is the starting point of sacroccygeal PD and extents to gluteal, lomber or perianal region unclearly.

## Ethics

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## Authorship Contributions

Surgical and Medical Practices: D.Ö.K., İ.Y., B.H., Ö.D., Concept: D.Ö.K., İ.S., Design: D.Ö.K., İ.Y., Data Collection or Processing: D.Ö.K., İ.Y., B.H., Ö.D., Analysis or Interpretation: D.Ö.K., İ.S., Literature Search: D.Ö.K., Ö.D., Writing: D.Ö.K., İ.S.

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