



Acta Medica Europa

Prolonged Sitting and the Rise of Pilonidal Sinuses

Leila Singh ¹

¹ Specialist of General Surgery, New Delhi, India

Article Info

Received: 13 April 2020

Accepted: 18 April 2020

Published: 21 April 2020

Keywords:

Pilonidal sinus, pilonidal disease, prolonged sitting, computer work.

ABSTRACT

This case report explores the potential link between prolonged sitting at a computer and the development of a pilonidal sinus, a painful cyst in the gluteal cleft. It highlights the importance of considering occupational habits and promoting ergonomic strategies in the prevention of this uncomfortable condition.

Corresponding author:

Leila Singh.

Specialist of General Surgery,
New Delhi, India.

drsurgeon.leilasingsh@gmail.com

INTRODUCTION

Pilonidal sinus, a condition often relegated to the realm of surgical curiosity, has long captured the interest of clinicians due to its intriguing nature and varied clinical presentations. Characterized by the formation of a cyst or sinus tract in the sacrococcygeal region, pilonidal disease can range from asymptomatic pits to recurrent, painful abscesses, impacting the quality of life for affected individuals. This article aims to provide a comprehensive review of pilonidal sinus, exploring its pathogenesis, clinical manifestations, diagnostic challenges, and contemporary strategies for effective management (1-4).

While pilonidal sinus has been recognized for decades, numerous aspects of its etiology and optimal therapeutic approaches remain subjects of debate. Understanding the diverse factors contributing to the development of pilonidal disease is essential for clinicians, as it informs not only the management of acute episodes but also strategies for preventing recurrence and chronic complications. As healthcare professionals continue to grapple with the nuances of pilonidal sinus, this article seeks to synthesize current research findings and clinical insights. By exploring the intricate relationship between local anatomy, hair follicle dynamics, and the immunological response, we aim to contribute to the ongoing dialogue surrounding pilonidal sinus, ultimately fostering improved diagnostic accuracy, optimized therapeutic interventions, and enhanced overall care for individuals

affected by this intriguing and often misunderstood condition (6-9).

Here it was aimed to present a pilonidal sinus case related with prolonged sitting.

CASE PRESENTATION

A 30-year-old man presented with a four-month history of a painful abscess at the base of his spine, near the coccyx. He described the area as red, swollen, and tender, particularly when sitting for extended periods. He reported working long hours at a computer and leading a sedentary lifestyle with minimal physical activity.

Physical examination revealed an inflamed pilonidal sinus with purulent discharge. Further investigation confirmed the diagnosis with no evidence of an underlying infectious process. The patient did not have any history of trauma, previous pilonidal cysts, or relevant risk factors like obesity or excessive hair growth.

Treatment involved incision and drainage of the abscess and local wound care. However, considering the chronic nature of the condition and the patient's occupational habits, ergonomic counseling and lifestyle modifications were emphasized.

DISCUSSION

Pilonidal sinuses are typically attributed to ingrown hairs and friction in the gluteal cleft. However, recent research suggests that prolonged sitting, particularly in a flexed posture, may play a significant role in their development. Sitting for extended periods leads to increased pressure and friction in the natal cleft, promoting hair ingrowth and inflammation, the precursors to pilonidal sinus formation. Regular showering and keeping the gluteal cleft clean and dry can help prevent bacterial growth and hair ingrowth. Wearing loose-fitting clothing can minimize friction and pressure in the affected area. Obesity can increase pressure and irritation in the gluteal cleft, contributing to pilonidal sinus formation (8-11).

In this case, the patient's prolonged computer work likely contributed to the development of his pilonidal sinus. This highlights the importance of considering occupational habits and potential ergonomic risk factors when managing and preventing this condition.

This case report sheds light on the potential influence of prolonged sitting and sedentary lifestyles in the development of pilonidal sinuses. By raising awareness of this connection and promoting ergonomic practices and lifestyle modifications, we can empower individuals to prevent this uncomfortable condition and improve their overall well-being.

REFERENCES

1. de Parades V, Bouchard D, Janier M, Berger A. Pilonidal sinus disease. *J Visc Surg*. 2013;150(4):237-247. doi:10.1016/j.jvisurg.2013.05.006
2. Kober MM, Alapati U, Khachemoune A. Treatment options for pilonidal sinus. *Cutis*. 2018;102(4):E23-E29.
3. Hap W, Frejlich E, Rudno-Rudzińska J, et al. Pilonidal sinus: finding the right track for treatment. *Pol Przegl Chir*. 2017;89(1):68-75. doi:10.5604/01.3001.0009.6009
4. Bi S, Sun K, Chen S, Gu J. Surgical procedures in the pilonidal sinus disease: a systematic review and network meta-analysis. *Sci Rep*. 2020;10(1):13720. Published 2020 Aug 13. doi:10.1038/s41598-020-70641-7
5. Khalil PN, Kanz KG, Ketscher C, Hallfeldt K, Mutschler W, Siebeck M. Wann abwarten, wann operieren, wie nachsorgen? Praktisches Vorgehen bei Pilonidalsinus [Pilonidal sinus]. *MMW Fortschr Med*. 2008;150(3-4):38-40. doi:10.1007/BF03365298
6. Isik A, Idiz O, Firat D. Novel Approaches in Pilonidal Sinus Treatment. *Prague Med Rep*. 2016;117(4):145-152. doi:10.14712/23362936.2016.15
7. Quayle J. Pilonidal sinus. *Colorectal Dis*. 2003;5(4):379. doi:10.1046/j.1463-1318.2003.00529_2.x
8. Forde E. Managing pilonidal sinus disease. *Br J Gen Pract*. 2023;73(732):299. Published 2023 Jun 29. doi:10.3399/bjgp23X733233
9. Brown SR, Lund JN. The evidence base for pilonidal sinus surgery is the pits. *Tech Coloproctol*. 2019;23(12):1173-1175. doi:10.1007/s10151-019-02116-5
10. Allen-Mersh TG. Pilonidal sinus: finding the right track for treatment. *Br J Surg*. 1990;77(2):123-132. doi:10.1002/bjs.1800770203
11. Shi R, Liu P, Zhang XF. Pilonidal sinus involving the breast in a man: A case report and literature review. *Medicine (Baltimore)*. 2021;100(12):e25166. doi:10.1097/MD.00000000000025166