PILONIDAL CYST

Among the patients treated in the 12th General Hospital there were 130 cases of pilonidal cyst, 73 being treated in Africa, 28 in Rome and 29 in Leghorn.

Table I; Incidence of Pilonidal Cyst

Africa	73
Rome	28
Leghorn	29
TOTAL	130

DURATION OF SYMPTOMS:

Of the total 130 patients, 4 had had no symptoms referable to the pilonidal cyst and were unaware of its existence. Undoubtedly, there were many other patients, especially those suffering from battle wounds or accidental injuries, who failed to call attention to the presence of a pilonidal cyst on account of its being quiescent at the time or on account of the serious emergency in which they found themselves.

Thirteen cases, or 10% of the total 130 cases, had their first symptoms within the 30 day period prior to their entrance into the hospital.

Fifty-one cases, or 39.23%, had had recurrent symptoms from 2 months to 1 year prior to entry into the hospital.

Sixty-two cases, or 47.69%, had had recurrent symptoms from 1 to 10 years prior to entry into the hospital.

One hundred and thirteen cases, or 86.92%, of the total number of cases had had symptoms for over one year.

Table II; Duration of Symptoms of Pilonidal Cyst Prior to Hospital Entry.

DURATION OF SYMPTOMS	No. of Cases	%
0 dyas - Incidental finding	4	3.08
1 - 30 days	13	10.00
2 - 12 months	51	39.23
1 - 10 years	62	47.69%
TOTAL	130	100.00

TREATMENT PRIOR TO ENTRY INTO THE 12TH GENERAL HOSPITAL:

The four patients who were found during routine examination to have asymptomatic pilonidal cyst, naturally, had had no previous treatment.

Ninety-four cases, or 72.3% of the total 130 cases had had no operative treatment prior to entry into the hospital. They had had symptoms which varied from periodic staining of their drawers and a sense of leakage of fluid in the vicinity of the anus to the more serious symptoms of the formation of an acute, painful abscess, with temporary relief on the spontaneous rupture of the abscess. Many patients had endured at frequent intervals, galling of the tissues of the gluteal region from an irritating discharge from a persistent sinus.

Thirty-two, or 24.61% of the 130 patients had had one or more operations prior to entry into the 12th General Hospital. These 32 patients had had a total of 47 operations. Twenty-two incision and drainage operations had been performed; 24 excisions of the cyst had been done; and one skin graft had been done in an attempt to close over an extensive soft tissue defect at site of former excision of cyst. In none of these cases had the operations been successful in affording relief of symptoms.

The most wretched patient of the series, perhaps, was a soldier who, first,

had symptoms of inflammation of a pilonidal cyst in March, 1944, at the Anzio Beach-head. The inflammation of the cyst subsided later while he was hospitalized on account of battle wounds received at Anzio. Painful swelling of the cyst, however, recurred in August, 1944, and of the 234 days prior to his entry into the 12th General Hospital on 5 April 1945, he had spent

146 days in hospitals,
76 days in replacement depots or reconditioning camps,
12 days on active duty with his outfit.

He had had three excisions of his pilonidal cyst and a skin graft in an attempt to cover over a postoperative defect, the attempt proving unsuccessful. On his entry into the hospital he was in a more miserable condition than ever, with an angrily infected area around a gaping postoperative wound, weeping copiously with a purulent discharge.

TREATMENT OF CASES OF PILONIDAL CYST:

Of the total number of 130 cases of pilonidal cyst 85 cases were operated upon. Fifty-seven of these cases were operated in the 12th General Hospital, 28 of these cases were operated in forward hospitals and referred to the 12th General Hospital for convelescence.

Of these 85 operated cases 71 had an excision of the pilonidal cyst and 14 had incision and drainage of an abscess of the cyst.

Forty-five cases were not operated upon either because the cyst was asymptomatic or the cyst was draining freely and excision had to be postponed until the acute inflammatory process had subsided.

Table III; Treatment of Cases of Pilonidal Cyst:

	12 GEN HOSP	OTHER HOSPS	TOTAL
Excision of pilonidal cyst	47	24	71
Incision & drainage of abscess of pilonidal cyst	10	4	14
No operation	45	0	45
Total	102	28	130

DISPOSITION OF PATIENTS:

Sixty-seven cases of the total 130 patients returned to A duty.

Fifteen cases were sent to temporary B duty as they could do this type of duty until time for excision of the pilonidal cyst was deemed advisable.

Four cases were sent to permanent B duty because they had associated conditions which made them unfit for more active duty - complications attendant upon battle wounds and accidental injuries and diseases such as defective vision and flat feet prevented these patients from returning to A duty.

Thirty-three patients were sent to other hospitals either because they needed a prolonged convalescent period or the inflammatory reaction around the draining sinus necessitated extended treatment before surgical extirpation of the cyst could be performed.

Eleven cases were sent to the Zone of Interior because they were unfit for further service in this theatre; three of these on account of severe complicating battle wounds, two on account of serious complicating accidental injuries, two from complicating diseases, e.g., recurrent phlebitis of the left leg and hepatitis; one on account of anal incontinence following injury to the anal sphincter in a previous operation, and three cases in which the patient had already been subjected to multiple unsuccessful operations.

Table IV; Disposition of Cases of Pilonidal Sinus

Duty	No. of Patients
"A"	67
"B" temporary	15
"B" permanent	4
Transfer to other hospitals	33
Zone of Interior	11
TOTAL	130

HOSPITAL DAYS:

The 130 patients remained in the 12th General Hospital 3770 hospital days or 29 days per patient. This figure may appear small and is misleading for in this series 33 cases were transferred to other hospitals for pre- or post-operative treatment.

SUMMARY:

One hundred and thirty patients suffering from pilonidal cyst were treated at the 12th General Hospital.

One hundred and fourteen cases, or 86.92% had had symptoms from this condition for one year or longer.

Ninety-four cases or 72.30% had no operative treatment prior to entry.

Thirty-two cases or 24.61% of the patients had had a total of 47 unsuccessful operations and were in the same or worse condition than prior to operation.

Eighty-five of the patients were operated on after coming overseas, 57 of these being operated on at the 12th General Hospital.

After being treated in the 12th General Hospital 86 cases or 65.23% were returned to duty (including A and B duty).

Thirty-three cases, or 25.38% were sent to other hospitals for treatment, as they needed a prolonged preoperative or postoperative period of care.

Eleven cases were sent to the Zone of Interior because they were unfit for overseas duty.

Twenty-nine hospital days was the average number of days a patient spent in the 12th General Hospital.

Incidence of pilonidal cyst is relatively high in the list of minor surgical ailments affecting soldiers. Its detection is not difficult and should be readily picked up in ordinary physical inspections. Operative measures should be carried out on all cases prior to coming overseas for once the soldier becomes active and is exposed to prolonged and strenuous maneuvers, the slumbering dog awakes and gives the soldier trouble. On account of repeated unsuccessful surgical procedures the morale of the patient is broken down by recurrences with their attendant painful and offensive symptoms. The outlook of another operation lowers his morale to a greater extent.

The apparent minor surgical disease becomes of great military significance when the soldier is lost from active duty for varying periods of time; and valuable hospital days are not available to wounded soldiers at a time when they are badly in need of them.