

Laser Hair Reduction for Pilonidal Sinus – My Experience

Pilonidal sinus disease is a benign disease with incidence of up to 26 cases per 100 thousand of general population each year.^[1] The origin of this disease is in the sacrococcygeal region with incidence peaking between the 15th and 25th year of active life. Males obviously suffer from pilonidal sinus disease more often because of the hairy lower back and buttocks. Also called Jeep's disease; originated in the Second World War. The disease most commonly happens in those who have excess hair over the lower back and the supra anal cleft. The disease can be divided into the acute and chronic phases. The acute phase is characterized by the presence of abscess whereas the chronic phase is featured by intermittently secreting fistula. Malignant conversion has been rarely described in the chronic phase in up to 0.1%.

The treatment is surgical excision of the whole sinus tract followed by either primary closure or allowing the wound to heal by secondary intention. The major challenge, however, comes in after the surgery: to prevent recurrence. Since the cause is the excessive hair in the area that breaks and gets embedded into the skin of the natal cleft and the hair is still there, the problem of recurrence is always looming large and it happens quite frequently.

The recurrence can be prevented to a large extent by frequent use of temporary depilatory methods such as hair removing creams, shaving etc., but it becomes extremely bothersome for the patients to do this regularly at this relatively inaccessible area of the body. As a result, permanent hair reduction with lasers is the procedure of choice to reduce hair growth and thickness in the area to help prevent recurrence.

All laser assisted hair removal systems have been used including the long pulsed Ruby, the long-pulsed Alexandrite, the long-pulsed Diode, the long-pulsed Nd:YAG, and the IPL with reasonably good results with all depending upon the skin type. The long-pulsed Nd:YAG laser has displayed very good results with almost no recurrence of the sinus disease in any of the patients treated by us. The long-pulsed Nd:YAG laser has the advantage of going the deepest amongst all the laser systems and is the best to treat the deeply placed thick hair bulbs in this area. This laser also has the advantage of minimal epidermal influence, thus minimal pigmentary disturbance and the least likelihood of burns and eventual scarring.

The laser session is done a day before the surgery and then repeat sessions are done at 6 to 8 week intervals or as the need arises. About 6 to 8 of such sessions give lasting relief from the hair and the possibility of recurrence of the sinus. The hair may not go completely but they are converted into thin benign hair that does not have the capability to get embedded in the skin to cause the disease again.

The main problem that we face is the pain associated with the procedure, particularly around the anal orifice. This is an extremely sensitive area and the pain is sometimes intolerable. So we use topical anesthesia under occlusion an hour prior to the procedure to reduce the pain.

Overall, laser hair removal is a very useful adjunct to surgical removal of the pilonidal sinus to prevent recurrence, which is almost a rule. The operating surgeons should work in tandem with laser surgeons to combine the two procedures to give the patients the advantage of both and to help prevent the recurrence that is bound to happen if the hair are not taken care of.

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Reference

1. Ghnnam WM, Hafez DM. Laser hair removal as adjunct to surgery for pilonidal sinus: Our initial experience. *J Cutan Aesthet Surg* 2011;4:192-5.

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