Laser hair removal for prevention of pilonidal sinus recurrence

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors’ conclusions
Pilonidal disease is a pathologic condition characterized by at least 1 abnormal pocket (sinus) or cyst located under the skin and filled with hair and skin debris. It is an acquired condition related to the presence of hair in the natal cleft, caused either by a reaction to loose hair that has penetrated and embedded in the skin or a reaction to a rupture of a hair follicle that may occur with stretching of the deep layers of skin or with the hormone-induced changes in hair follicles at puberty. The reaction involves the formation of pits or sinus tracts that may be asymptomatic or may become infected, involve cellulitis, drain blood or pus, emit a foul odor, and/or cause pain, discomfort, embarrassment, and loss of productivity. Malignant transformation is rare but has been reported. Pilonidal disease most commonly occurs in the natal cleft, a dimple-like structure located near the tailbone just above the crease between the buttocks. It affects nearly 70,000 individuals in the United States each year, occurs at an incidence of 26 per 100,000, affects males 2 to 10 times as often as females, usually presents in the late teens or early 20s, and rarely is seen after the age of 45 years. Treatment aims at eradicating the problematic sinus(es), healing the overlying skin, and preventing recurrence. Mild cases may be treated with antibiotics, careful hygiene, and shaving of the affected area. More severe cases are treated with any of several surgical techniques, such as incision with open drainage and excision with the surgical wound left open to heal, closed in the standard fashion, or closed by a flap construction procedure. While surgery is a successful treatment approach, postoperative recurrence is common, occurring at a rate of 10% to 50%. Because recurrence is thought to be caused by persistent hair growth near the surgical site, efforts to reduce recurrence have focused on hair removal strategies, including electrolysis, shaving, and depilatory creams. Electrolysis is time-consuming, expensive, and painful; and shaving and applying depilatory creams in the intergluteal area are cumbersome and may require assistance. Thus, these strategies lead to poor compliance and consequent recurrence.

Final publication URL
The report may be purchased from: http://www.hayesinc.com/hayes/crd/?crd=16254

Indexing Status
Subject indexing assigned by CRD

MeSH
Hair Removals; Pilonidal Sinus; Recurrence; Low-Level Light Therapy

Language Published
English

Country of organisation
United States

English summary
An English language summary is available.

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AccessionNumber
32014000490

Date abstract record published
07/04/2014