JCTEI
JOURNAL OF CLINICAL TRIALS AND EXPERIMENTAL INVESTIGATIONS
Year: 2024 Volume: 3 Issue: 1

LETTER

10.5281/zenodo.11061388

Phenol application may be an alternative to surgery in pilonidal sinus disease treatment

Orhan Aslan[1]

1. Hitit University Faculty of Medicine, Department of General Surgery, Çorum, Turkey

Correspondence
Orhan Aslan, Hitit University Faculty of Medicine, Department of General Surgery, Çorum, Turkey.
e-mail
drorhanaslan@gmail.com

Received: 10 March 2024
Revised: 24 March 2024
Accepted: 25 March 2024
Published: 30 March 2024

Keywords
- Phenol
- Pilonidal sinus disease
- Surgery

ORCID ID of the author(s):
OA: 0000-0002-1982-0792

Abstract

We have been following your journal with great interest in the field of general medicine. As a surgeon, I would like to bring to your attention the application of phenol, one of the minimally invasive treatment methods for pilonidal sinus.

Cite as: Aslan O, Phenol application may be an alternative to surgery in pilonidal sinus disease treatment. J Clin Trials Exp Investig. 2024;3(1):15-17.

Dear Editor,

We have been following your journal with great interest in the field of general medicine. As a surgeon, I would like to bring to your attention the application of phenol, one of the minimally invasive treatment methods for pilonidal sinus.

Although there are various theories as to the etiology, the theory of disruption of skin integrity due to hair accumulation in the intergluteal sulcus and the formation of sinuses under the skin is more widely accepted.

Pilonidal sinus disease is more common in the male population. The disease can sometimes be asymptomatic, sometimes present in the form of a chronic fistula, and sometimes present with an urgent abscess. Treatment options are varied because of this variability in the clinical course of the disease. Surgical treatment options range from sinus excision to flap surgery (Karydakis, Limberg flaps, etc.). The high recurrence rates with flapless surgery and the psychosocial discomfort of disrupting anatomical integrity with flap surgery have led to a preference for minimally invasive or conservative approaches. In addition, delayed return to daily activities and hospitalization are disadvantages of surgical methods.

Especially in chronic fistulized pilonidal sinuses, phenol application, which is one of the minimally invasive methods to ablate the fistula tract, is considered attractive because it is easy to use, inexpensive, can be performed on a daily basis, and the patient can continue his or her daily life. Under local anesthesia, a clamp is used to dilate the sinus opening and remove the hairs inside. The sinus is then filled or injected with crystallized or liquid phenol. Pomade is applied locally to prevent skin damage during the procedure. Patients are called in once a week for follow-up. This is to ensure that the sinus orifice is closed. Due to the ease of application, repeated sessions can be performed for sinuses that do not close. This increases the success rate in large sinuses. Factors that decrease the success rate are excessive hair growth and a large number of sinuses (1).

Phenol has a denaturing effect on proteins. It dissolves the cell membrane and proteins. With this effect, it dissolves the epithelialized tissues, hairs and hairy tissues in the sinus. Accordingly, it causes granulation tissue and fibrosis in the sinus, leading to obliteration of the sinus and complete closure of the sinus orifice (2).

One study reported that the success and complication rates of phenol application were 62-95% and 0-15.2%, respectively (3). However, the 2019 American Society of Colon and Rectal Surgeons pilonidal sinus disease management guideline emphasized that the phenol method is a rapid, durable, and effective treatment method for the treatment of pilonidal sinus without abscess with a recommendation grade of 1B (4).

In conclusion, it is our opinion that the use of phenol may be preferable to other methods in the treatment of pilonidal sinus with acceptable complication and recurrence rates.

Conflict of interest

The authors report no conflict of interest.

Funding source

No funding was required.

Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent

This article does not contain any studies with human participants.

Acknowledgment:

No

Peer-review

Externally. Evaluated by independent reviewers working in at least two different institutions appointed by the field editor.

Data availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Contributions

Research concept and design: **OA**
Data analysis and interpretation: **OA**
Collection and/or assembly of data: **OA**
Writing the article: **OA**
Critical revision of the article: **OA**
Final approval of the article: **OA**

All authors read and approved the final version of the manuscript.

References

1. Ulusoy C, Nikolovski A. Factors affecting the success of crystallized phenol treatment in sacrococcygeal pilonidal sinus disease. Medicine. 2022;101(50):e31934.
2. Lahoud CA, March JA, Proctor DD. Campho-Phenique ingestion: an intentional overdose. South Med J. 1997;90(6):647-8.
3. Emiroğlu M, Karaali C, Esin H, Akpınar G, Aydın C. Treatment of pilonidal disease by phenol application. Turk J Surg. 2017;33(1):5-9.
4. Johnson EK, Vogel JD, Cowan ML, Feingold DL, Steele SR; Clinical Practice Guidelines Committee of the American Society of Colon and Rectal Surgeons. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Pilonidal Disease. Dis Colon Rectum. 2019;62(2):146-7.