

## عنوان مقاله:

Comparing the Outcomes of Two Therapeutic Methods of Pilonidal Abscess Including Drainage and Delayed Surgery and Initial Cyst Excision in Patients with Acute Pilonidal Cysts

## محل انتشار:

دهمین کنگره بین المللی زخم و ترمیم بافت (سال: 1402)

تعداد صفحات اصل مقاله: 1

## نویسندگان:

Bahar Noori-Rahmatabadi - Assistant Professor of Anesthesia and Clinical Care, Rafsanjan University of Medical Science, Rafsanjan, Iran

Masoume Taghizadeh - Assistant Professor of General, Surgery, Rafsanjan University of Medical Science, Rafsanjan, Iran

Atefeh Sadat Shahidi - Medical Student, Rafsanjan University of Medical Science, Rafsanjan, Iran

Mina Alipoor - Department of Anesthesiology school

## خلاصه مقاله:

**Introduction:** Surgical intervention for pilonidal sinus is associated with an increased risk of wound complications and recurrence. The therapeutic method of pilonidal abscess with delayed closure surgery was compared to initial cyst excision in patients with acute pilonidal cysts. **Materials and Methods:** This study was conducted as a randomized double blind clinical trial on ۲۰۰ patients with acute pilonidal abscess. Initially, demographic information including age, gender, BMI (body mass index), and patient symptoms were recorded and then the patients were randomly allocated to groups A and B. The group A underwent drainage and cyst excision in a single surgical procedure. The group B underwent incision and drainage of the abscess, and then discharged with antibiotic prescription with delayed cyst excision performed one month later. The occurrence of hematoma, cellulitis, seroma, infection, and wound dehiscence after surgery was evaluated. Furthermore, the overall cost and duration of surgery were compared between the two groups. Chi-square and Fisher's exact tests were used for qualitative variable comparisons between the two groups, and an independent t-test was used for quantitative variable comparisons using SPSS-۲۵ software ( $p$ -value  $< 0.05$ ). **Results:** No significant differences were found between the two surgical groups in terms of age, gender, BMI, wound characteristics, discharge, and pain ( $P > 0.05$ ). Seroma was not observed in any of the patients in both groups after operation. Moreover, there were no significant differences in the incidence of cellulitis, infection, and hematoma after surgery between the two groups ( $P > 0.05$ ). However, there was a significant difference in wound dehiscence, with a higher occurrence in the group A compared to the group B (۱۳% versus ۳%,  $P = 0.009$ ). Additionally, the percentage of surgeries exceeding one hour was significantly higher in the group A compared to the group B (۴۲% versus ۱۷%,  $P < 0.001$ ). However, there was no significant difference in terms of costs between the two groups ( $P = 0.1$ ). **Discussion and Conclusion:** Considering the higher incidence of wound dehiscence and longer surgery duration, delayed closure surgery appears to have superiority over initial surgery for the treatment of acute pilonidal abscess.

## کلمات کلیدی:

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