Reply

K.

Karl

Søndenaa

Department of Surgery, Haukeland Hospital University of Bergen

Karl Søndenaa, Department of Surgery, Haukeland Hospital University of Bergen, N-5021 Bergen (Norway)

We agree with Dr. J.U. Bascom that the pathogenesis of recurrent pilonidal sinus is open for discussion. Pits may be found in scar tissue in the midline [1]. Whether this promotes recurrence or is just an incidental finding remains unclear, but pits seem to cause primary disease [2]. The questions of what causes a recurrence and where it will be located should be addressed in a randomized trial comparing conventional excision and primary suture with excision and asymmetrical suture according to the technique used by Dr. Bascom (or Z-plasty). This should also solve the relative merits of these two operative principles concerning incidence of complications and long-term recurrence rate.

References

Søndenaa K, Nesvik I, Andersen E, Pollard ML, Søreide JA: Recurrent pilonidal sinus: Etiology and treatment. Dig Surg 1995;12:117–120.

Søndenaa K, Pollard ML: Histology of chronic pilonidal sinus. APMIS 1995;103:267-272.

KARGER

E-Mail karger@karger.ch Fax +41 61 306 12 34 <http://www.karger.ch>

©1996 S.Karger AG, Basel 0253-4886/96/0136-0494\$10.00/0