



VIDEO CORRESPONDENCE

The 'combined' biopsy punch excision to treat pilonidal disease – a video vignette

Dear Sir,

Understanding of the nature, aetiology and treatment of pilonidal disease (PD) dramatically evolved in 1980 when John Bascom proved that PD is caused by ingrown hair [1]. Bascom described a targeted 'see and treat' procedure to remove PD, and later Moshe Gips introduced the use of biopsy punches [2]. Over the last few years many 'targeted' minimally invasive techniques have been introduced to treat PD, with or without the use of a micro-endoscope [3, 4]. In the quest for simplicity, economy and efficacy, we have developed a procedure that combines Bascom's sound principles with the use of biopsy punches [5]. Our 'combined' technique employs biopsy punches of varying calibre (3, 4, 5, 6 and 8 mm) depending on whether treatment is in the natal cleft (as small a calibre as possible) or lateral (larger-calibre punches or even a small incision). We present the case of a 21-year-old male student presenting with PD which had developed 2 years before. The procedure was performed as a day case under local anaesthesia and the postoperative course was uneventful. The patient reported no pain and no need for analgesics. Postoperative bleeding is controlled by means of intraoperative compression, 24 h short-term packing of small wounds, compression dressing and, in refractory situations, by having the patient lie on a hard surface for at least 1 h [6]. He resumed his daily activities on the first postoperative day and was completely healed after 18 days. At a 5-year follow-up visit no recurrence of the disease had occurred. Our combined technique to treat PD is an effective, disease-targeted, minimally invasive and inexpensive procedure, and its results, as previously shown [5], are influenced by the experience of the team involved.

ACKNOWLEDGEMENTS

All the authors contributed equally to this work, satisfying the following four criteria of the guidelines of the International Committee of Medical Journal Editors (ICMJE). Substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the work. Drafting the work or revising it critically for important intellectual content. Final approval of the version to be published. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST STATEMENT

The authors alone are responsible for the content and writing of the paper. The authors declare that this video vignette has not been

published elsewhere nor has not been submitted previously for publication elsewhere.

ETHICAL APPROVAL

All procedures involving human participants were performed in accordance with the ethical standards of the institutional and/or national research committee and the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. This article does not contain any studies using animals.

INFORMED CONSENT

Informed consent was obtained from the participant included in the study.

Luigi Basso¹

Giuliano D'Onghia¹

Alessandro Micarelli²

Ugo Grossi^{3,4}

Leonardo Macci¹

Gaetano Gallo¹

¹Department of Surgery, Sapienza University of Rome, Rome, Italy

²ITER Center for Balance and Rehabilitation Research (ICBRR), Rome, Italy; Eurac Research, Institute of Mountain Emergency Medicine, Bolzano, Italy

³Department of Surgery, Oncology and Gastroenterology – DISCOG, University of Padua, Padua, Italy

⁴II Surgery Unit, Regional Hospital Treviso, AULSS2 Marca Trevigiana, Treviso, Italy

Correspondence

Gaetano Gallo, Department of Surgery, Sapienza University of Rome, Rome, Italy.

Email: ga.gallo@uniroma1.it

ORCID

Giuliano D'Onghia <https://orcid.org/0000-0002-3030-078X>

REFERENCES

1. Bascom J. Pilonidal disease: origin from follicles of hairs and results of follicle removal as treatment. *Surgery*. 1980;87:567–72.



2. Gips M, Melki Y, Salem L, Weil R, Sulkes J. Minimal surgery for pilonidal disease using trephines: description of a new technique and long-term outcomes in 1,358 patients. *Dis Colon Rectum*. 2008;51:1656–62, 1663.
3. Milone M, Gallo G, Grossi U, Pelizzo P, D'Amore A, Manigrasso M, et al. Endoscopic sinusectomy: 'a rose by any other name'. A systematic review of different endoscopic procedures to treat pilonidal disease. *Colorectal Dis*. 2022;25:177–90. <https://doi.org/10.1111/codi.16361>
4. Milone M, Basso L, Manigrasso M, Pietroletti R, Bondurri A, La Torre M, et al. Consensus statement of the Italian Society of Colorectal Surgery (SICCR): management and treatment of pilonidal disease. *Tech Coloproctol*. 2021;25(12):1269–80. <https://doi.org/10.1007/s10151-021-02487-8>
5. Basso L, Pietroletti R, Micarelli A, Bica A, Costi U, Crocetti D, et al. The impact of experience on recurrence rates after biopsy punch excision for pilonidal disease. *Colorectal Dis*. 2022;24(8):984–91. <https://doi.org/10.1111/codi.16126>
6. Basso L, Gallo G. Postoperative bleeding following minimally invasive surgery for pilonidal disease. *Dis Colon Rectum*. 2022;65(4):e248. <https://doi.org/10.1097/DCR.0000000000002404>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.