



VIDEO CORRESPONDENCE

Modified Karydakis procedure for sacrococcygeal pilonidal disease under local anaesthesia – a video vignette

Dear Editor,

A 20-year-old White male presented with a 2-year history of pilonidal disease. Intravenous antibiotic prophylaxis was administered 30 min before the incision. A modified Karydakis procedure was carried out under local anaesthesia (Video S1). The patient was discharged home shortly after the procedure and reattended the outpatient clinic 24 h later for vascular loop removal. Oral antibiotics were continued for 5 days. The postoperative course was uneventful.

In a large meta-analysis of 6143 studies, Stauffer et al. [1] demonstrated the high failure rate of excisional procedures with primary mid-line closure. Despite the advantages of causing minimal tissue disruption and scarring several easy-to-perform minimally invasive procedures also carry nonnegligible failure rates, exceeding 20% at 5 years [1, 2].

The proposed modified Karydakis procedure for sacrococcygeal pilonidal sinus is a safe and effective alternative surgical option that can be carried out as day case yielding acceptable cosmetic results. The novelty lies in several considerations, including the possibility of undertaking the operation solely under local anaesthesia. Moreover, technical variations make it different from the cleft lift procedure (CLP) originally described by Bascom and Bascom [3]. These include the flap thickness (wider than in the CLP), the depth of excision up to the presacral fascia (not contemplated in the CLP) and the relatively short permanence of a drain (only 24 h). Our proposed technique somehow challenges the Bascom 'stay out of the ditch' mantra [4], by limiting lateralization of the wound with excellent healing rates and satisfactory cosmetic results.

AUTHOR CONTRIBUTIONS

Ugo Grossi: Conceptualization (lead); writing – original draft (lead). Patrizia Pelizzo: Writing – original draft (supporting). Gaetano Gallo: Conceptualization (supporting). Marco Piccino: Writing – original draft (supporting). Giacomo Zanus: Writing – original draft (supporting). All authors: Writing – review and editing.

FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

This study was conducted in accordance with the principles of the Declaration of Helsinki, and the patient provided written informed consent prior to enrollment.

PATIENT CONSENT

A written signed consent was obtained by the patient.

Ugo Grossi^{1,2}  

Patrizia Pelizzo^{1,2} 

Gaetano Gallo³ 

Marco Piccino¹ 

Giacomo Zanus^{1,2} 

¹Surgery Unit 2, Regional Hospital Treviso, Treviso, Italy

²Department of Surgery, Oncology and Gastroenterology – DiSCOG, University of Padua, Padua, Italy

³Department of Surgical Sciences, "La Sapienza" University of Rome, Rome, Italy

Correspondence

Ugo Grossi, Surgery Unit 2, Regional Hospital Treviso, 31100 Treviso, Italy

Email: ugo.grossi@unipd.it

ORCID

Ugo Grossi  <https://orcid.org/0000-0001-5372-2873>

Patrizia Pelizzo  <https://orcid.org/0000-0002-7839-0761>

Gaetano Gallo  <https://orcid.org/0000-0003-1066-4671>

Marco Piccino  <https://orcid.org/0000-0002-2902-5143>

Giacomo Zanus  <https://orcid.org/0000-0001-5489-3009>

TWITTER

Ugo Grossi  @drugogrossi



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SUPPORTING INFORMATION

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