

Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of a Recurrent Pilonidal Cyst

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Surgical Summary

Clinical Presentation:

- 22-year-old male presents to the office on self-referral for recurrent pilonidal cyst.
- He reports having two previous surgeries, an incision and drainage in 2011 and excision of pilonidal cyst in 2015.
- Complaint of pain and swelling between the buttocks for 1 week.
- On examination, local tenderness and drainage from the gluteal cleft are noted.

Intraoperative Findings:

- Pilonidal cyst measuring 7cm x 3cm x 3cm. (Figure 1)



Figure 1. Pilonidal Cyst

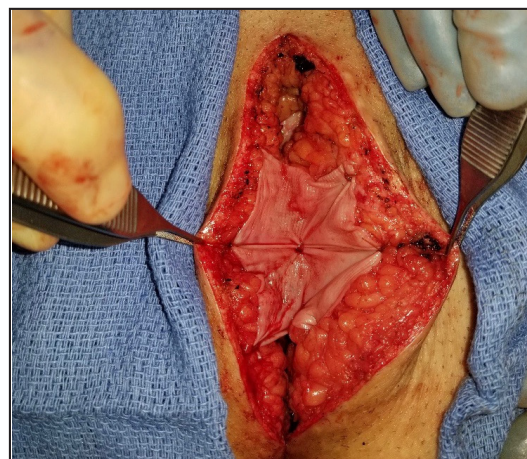


Figure 2. Excision of Pilonidal Cyst with DermaPure[®] to augment the repair.

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Surgical Procedure:

- Patient was placed in prone position on the operating table and prepped/draped in usual sterile fashion. Adequate antibiotics were administered prior to incision.
- A 15 blade scalpel was used to make an elliptical incision (superior to the gluteal cleft) 7cm x 3cm around the pilonidal cyst. The incision was carried down to the fascia using electrocautery (Bovie[®]).
- The pilonidal cyst was grasped with an Allis clamp and excised off the fascia using electrocautery.
- DermaPure[®] decellularized dermal allograft was sutured to the subcutaneous fat in an interrupted fashion. (Figure 2)
- Incision was closed over the graft with 2-0 nylon interrupted sutures.



Figure 3. Two Weeks Post Op

DermaPure[®] Implantation:

- 4 cm x 6 cm
- Basement membrane outer-most

Post-Operative Note:

- At two weeks post op, the patient is doing well with no apparent complications. (Figure 3)
- Follow-up will be on an as needed basis.

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