

CASE REPORT

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Modified Bascom cleft lift procedure for recurrent pilonidal disease

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ABSTRACT

Introduction: There are different surgical techniques to treat pilonidal disease. The one appropriate technique would be with shorter healing time and the lowest rate of recurrence.

Case Report: We present a case of a 29-year-old male with recurrent pilonidal disease underwent a modified Bascom cleft lift technique which is a rotation flap procedure with an off-midline closure.

Conclusion: The modified Bascom technique with primary closure and advancement flap for the treatment of complex pilonidal disease showed effective for this case of recurrent pilonidal disease.

Keywords: Cleft lift surgery, Pilonidal, Pilonidal surgery, Recurrence

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INTRODUCTION

Pilonidal disease is an acquired infectious disorder of the gluteal cleft skin. Pathogenesis is observed in traumatized dilated follicles along the midline crease [1, 2]. Surgical treatment is standard in chronic pilonidal disease including open excision with secondary wound healing or excision with primary closure with or without the use of a flap [3, 4]. Modified Bascom cleft lift technique is an option for primary closure with superior approach with regard to long-term recurrence rate [5]. Video 1 is to demonstrate the modified Bascom cleft lift technique in the treatment of recurrent pilonidal disease.

CASE REPORT

A 29-year-old male patient with a recurrent pilonidal disease after a previous submission to an open excision with secondary wound healing. Video 1 shows the modified cleft lift Bascom technique which consists of excision of the fistulous orifices, followed by primary closure outside the midline with advancement of a flap. The patient had three orifices including one near

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by the anal margin. Procedure had no intraoperative complications. After one week of postoperative period, the patient presented a wound dehiscence (1.0 cm) of the lower segment, involving only the epidermis and dermis requiring no treatment. There was complete wound healing after nine weeks from the procedure. No recurrence was observed within one year of follow-up period. The case report was previously approved by the hospital's research ethics committee, and the participant gave his informed consent.



Video 1: Modified Bascom cleft lift procedure for recurrent pilonidal disease. Step-by-step of the technique..

Video 1 URL: <https://www.videojournalofclinicalresearch.com/archive/article-full-text/100006VAM08SR2024#video1>

**Access Video
on other devices**



DISCUSSION

The principles for treatment of the primary and persistent disease are similar, requiring eradication of the sinus tract; complete healing of the overlying skin and prevention of new recurrence [3, 6]. Moreover, there is no consensus about the best surgical technique for the treatment of chronic pilonidal disease, as well as a primary or failed disease [3, 5, 6]. There are different types of procedures for pilonidal disease and according to the surgeon's experience, characteristics of the patient and the recurrent pilonidal diseases; the most appropriate technique is chosen [3, 6]. Some techniques of flap reconstruction have been used in the treatment of failed/recurrent pilonidal disease with flap [1, 2, 5, 7, 8]. Studies have demonstrated excellent results (96.1% healed after one cleft lift) using the modified Bascom cleft lift procedure. The most common complication is a 2–3 mm separation of the lower portion of the wound, which involved the epidermis and dermis, and required no treatment other than having the patient keep it clean and dry [7, 8].

CONCLUSION

The modified Bascom technique with primary closure and advancement flap for the treatment of complex pilonidal disease showed effective for this case of recurrent pilonidal disease and the patient returned his activities in nine weeks.

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Author Contributions

Sthela M Murad-Regadas – Conception of the work, Design of the work, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree 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

F Sergio P Regadas – Conception of the work, Interpretation of data, Drafting the work, Final approval of the version to be published, Agree 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

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Jose Jader Araujo de Mendonça Filho – Conception of the work, Interpretation of data, Drafting the work, Final approval of the version to be published, Agree 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

Laryssa C Pinheiro – Conception of the work, Design of the work, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree 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

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Consent Statement

Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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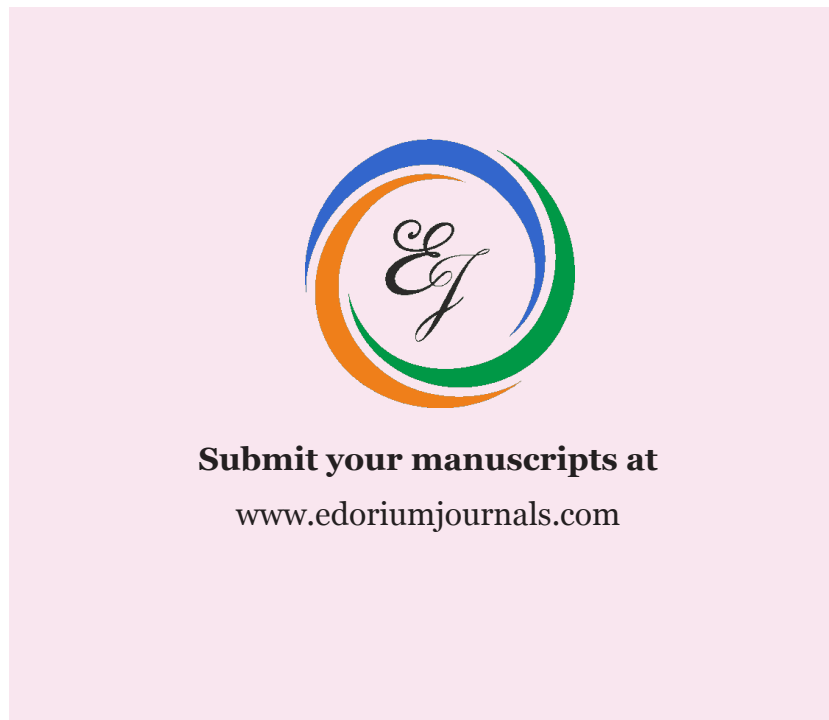
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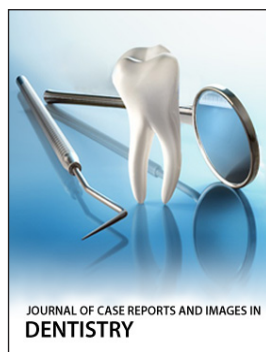
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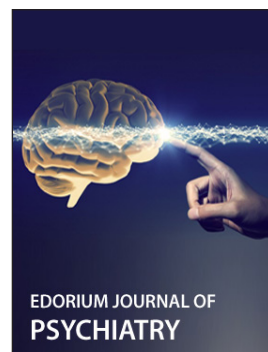
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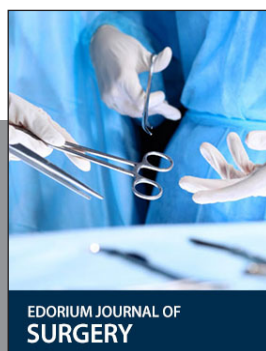
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