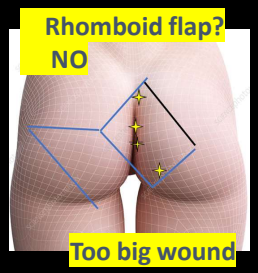
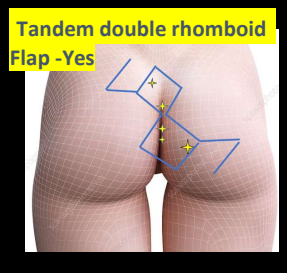
Double rhomboid flap in Complex extensive pilo-nidal sinus

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- **Clinical summary**--32 years female hirsute ,operated twice in 3 years , recurrent PNS for 3rd time .All previous surgeries were local excision of tract and abscess drainage .As per Awad et.al scoring of PNS – Score is 16 .MRI – suggested midline and paramedian disease with inter connections between the multiple openings . No connection with anus or rectum . No evidence of bony involvement .Previous histopathology – confirmed PNS , no evidence of tuberculosis and malignancy

- **Plan** - Considering history (cause of the disease and cause of recurrence was not addressed).Awad et al. staging – 16 -indicates deep intergluteal cleft , hirsutism is to be treated to prevent recurrence .Rhomboid flap is aways considered as a robust flap with good vascularity , and easy to perform Many flaps are described for extensive PNS disease with variable recurrence rates . Considering all above factors a Double rhomboid or tandem rhomboid flap was planned



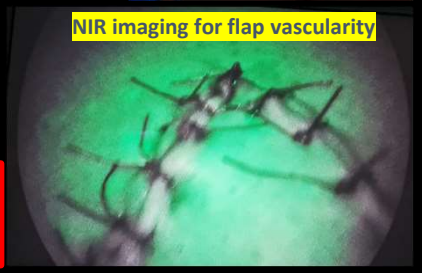








Complete pathology excised in tandem double rhomboid shape one above the other. Off midline upper and lower angles planned to prevent recurrence Intraoperative one flap is taken from upper side and second flap from lower side. Meticulous dissection to raise the fasio-myo-cutaneous flap done . Vascularity of flap is judged by NIR imaging done by intravenous 3 ml of ICG dye. In 20 sec vascularity judged ,particularly at the angles. Suction drain kept. Sutures taken by 2-0 polyglactin .



- **Post operative management** Lateral or supine nursing for at least 10 days .Suction drainage – to be removed when it is below 50 ml .Ambulation – immediately post operative period . Small steps while walking . No stretching , no squatting Comod use . No washing , use of tissue to clean . Importance of hair removal from neck to coccyx to patient.