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Case Report

Squamous Cell Carcinoma arising from Chronic Pilonidal Sinus: A Rare Case

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Abstract
Pilonidal sinuses are usually encountered in the sacrococcygeal region where they develop over a nidus of ingrown hair. Most cases present with abscess or cyst formation with intermittent discharge or cellulitis. Development of carcinoma in a Pilonidal sinus is a rare complication and is often seen in long standing untreated cases in advanced age. Here we present one such rare case encountered and discuss the possible underlying etiological factors, treatment and prevention strategies.
Keywords – *squamous cell carcinoma, pilonidal sinus, chronic sinus disease.*

Case

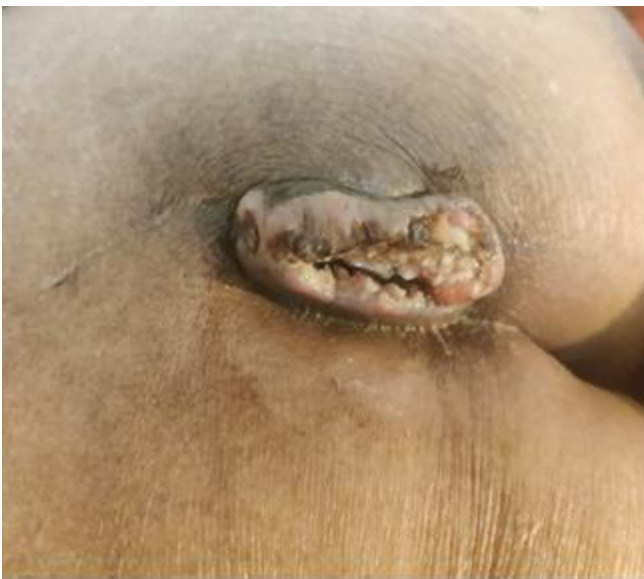
A 75-year-old woman presented with a large ulceroproliferative growth just above the gluteal cleft, since the past four months. It progressively increased in size and developed ulceration and a foul smelling seropurulent discharge. Patient gave history of pilonidal sinus with intermittent serous discharge since the past thirty years for which she had refused surgical treatment, opting for oral antibiotics and occasional incision and drainage during episodes of flare instead. Hence a complete eradication of the disease foci had never been achieved over all these years.

Systemic examination was within normal limits. A large 7x4 cm ulceroproliferative growth was observed in the sacrococcygeal region just above the gluteal cleft with significant surrounding induration. No inguinal lymphadenopathy was present. Digital rectal examination was normal.

Radiological workup done to determine the vertical extent using CT pelvis and X ray of the lumbosacral spine did not reveal any bony involvement or any underlying chronic osteomyelitis. A biopsy was taken from the edge of the growth and histopathology reported –

Moderately differentiated squamous cell carcinoma.

The patient was planned for a wide local excision surgery with healing by secondary intention. The procedure was uneventful and specimen histology also revealed moderately differentiated squamous cell carcinoma with clear resected margins. Patient is disease free and healthy on regular follow ups since the past twelve months with no evidence of any recurrence.



Exophytic ulceroproliferative growth on examination

Discussion

Pilonidal disease is a frequent suppurative condition that occurs twice as often in men as in women[1], usually between the ages of 15 and 30. It can present acutely as an abscess, while the chronic presentation is that of intermittent discharge and sinus formation. It is usually a clinical diagnosis with few cases warranting the need for a magnetic resonance imaging to delineate multiple tracts and extent of the disease before planning a definitive resection procedure. Development of carcinoma in a pilonidal sinus is a rare complication with a documented incidence rate of 0.1%[2] The most common histology in 91.4% cases is that of Squamous cell carcinoma with other types like Basal cell carcinoma, Mixed cell carcinoma and Adenocarcinoma also documented in literature[3] The development of carcinoma is proposed to be a consequence of long standing inflammatory process and chronic irritation with an average time span of twenty years[4] Carcinoma may also develop in the discharging sinuses of chronic osteomyelitis of the underlying sacral bone but such was not the case in our patient. The mainstay of treatment is wide local excision of skin, subcutaneous tissue, gluteus muscle with a 3cm margin[5] – if any bony infiltration is present then decortication of sacrum should also be performed. Such carcinomas are grossly underreported due to lack of routine biopsy in excision of routine cases – such patients present with recurrence and a poor prognosis later[6]

Conclusion

Definitive surgical treatment of pilonidal sinus should be advocated for all cases at a relatively early stage to prevent long term complications such as Carcinoma which develop in a premise of chronic inflammation. A biopsy should be performed for all cases of sinus excision to rule out initial stages of Carcinoma.

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