

Letter to the Editor: “Umbilical Pilonidal Sinus: A Report of Two Cases and Recent Update of Literature”

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Dear Editor,

We have read with great interest the case report published by Meher S et al., about Umbilical Pilonidal Sinus (UPS), with the presentation of two typical cases [1]. We agree with many of the topics discussed but have some critical points.

First, there is a contradiction between the references and the term recent update of literature, which is a part of the article's title. They have unfortunately missed the only prospective, randomized study comparing conservative versus surgical treatments in UPS, which is the most important study on this topic and was first released online in December 2015 [2]. This was published 4 months before their article submission date; therefore, it seems that the authors did not perform a screening of the current literature carefully.

Second, the work of Sarmast M et al., is a retrospective study without the necessary scientific study design that shows several serious drawbacks. They stated neither the details of conservative or surgical treatments used, nor the duration of follow up. Additionally, there is no elaboration on the outcomes, they only provided some figures and percentages [3].

Third, the work by Kareem T et al., is a relatively well-designed study with reliable results. However, the reported follow-up healing rate was 74% for 1 month that dramatically fell to 34.32% for long-term patients [4]. The prognosis of the remaining patients (65.68%) is unknown. Unfortunately, in many publications cited by the authors favoring conservative treatment, there are similar problems causing quite questionable results. We therefore strongly

disagree with the statement by Kareem T and Sarmast S et al., that conservative treatment should be the first and the main method in the management of UPS.

Finally, we proved that surgical treatment is superior to conservative treatment in patients with UPS regarding healing and recurrence rate in the long-term follow up (more than 2 years). Because the navel is a component of beauty for many people, the preference of surgeons towards conservative treatment seems reasonable, even when better permanent results could be obtained with surgical intervention. We have reduced this fear by describing an umbilicus preserving surgical technique that protects, in most cases at least, the outer third of the navel and its natural appearance after healing [2]. This improves the cosmetic perception of the patient and the level of satisfaction. In conclusion, we believe that it is important to inform patients about the most recent available evidence and reach a joint decision with them on treatment options.

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