

A complex coexistence of pilonidal disease and an anal fistula in an HIV/AIDS patient

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Abstract

Anal fistula and pilonidal disease may coexist in the same patient and may even be connected as in this case with an anal carcinoma- in situ (Bowen's disease) in an immunodepressed patient. It is difficult to tell if the malignancy arose from the chronic pilonidal disease or vice-versa.

Clinical Image

A complex coexistence of pilonidal disease and an anal fistula in an HIV/AIDS patient.

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Abstract

Anal fistula and pilonidal disease may coexist in the same patient and may even be connected as in this case with an anal carcinoma- in situ (Bowen's disease) in an immunodepressed patient. It is difficult to tell if the malignancy arose from the chronic pilonidal disease or vice-versa.

Key clinical message

Anal fistula and pilonidal disease rarely coexists. Such associations are complex as there is a high incidence of an associated disease such as tuberculosis etc. Treatment becomes difficult if the connection is missed. Biopsies are obligatory.

Case

A 40-year- old HAART-naive HIV infected African woman presented with a 3- year history of a recurrent formation of an abscess and draining sinus over the sacrococcygeal area. This chronic pilonidal sinus had been treated with antibiotics and topical antiseptic dressings. Anal examination was apparently normal. Wide excision of the pilonidal sinus revealed an indurated suspicious base communicating with the posterior anal canal. This was biopsied and the gluteal cleft closed by a transposition fasciocutaneous flap. After three weeks of healing the wound broke down and was allowed to heal by secondary intention. The histology revealed an anal carcinoma-in-situ (Bowen's disease). A low transphincteric posterior anal fistula at 6'o'clock gradually became more prominent as she became passively and actively faecally incontinent. She underwent a defunctioning loop colostomy but whilst awaiting chemo-radiotherapy she died.

References

Pankaj G. Anal fistula and pilonidal sinus disease coexisting simultaneously: an audit in a cohort of 1284 patients. *Int Wound J* 2019;16(5)

Michalopoulos N, Sapalidis k, Laskow S, et al. Squamous cell carcinoma arising from chronic sacrococcygeal pilonidal disease: a case report. *W J Surg Oncology* 2017; 15:65
Legends Figure 1: Fasciocutaneous flap closure of natal cleft defect after elliptical excision of pilonidal sinus

