

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

PILONIDAL CYSTS & ABSCESES

WHAT ARE THEY?

A pilonidal cyst is a fluid-filled sac that can form at or near the upper part of the gluteal cleft, the crease where the buttocks come together. If the cyst becomes infected and filled with pus, it is called a pilonidal abscess.

WHAT IS THE CAUSE?

The specific mechanism for the development of pilonidal disease is unclear. It is believed to be an acquired condition likely related to the presence of hair and mechanical forces on the skin in the gluteal cleft area:

- As a person sits or bends, the skin around the gluteal cleft can stretch and damage hair follicles, causing pores or “pits” to open in the cleft.
- Hair and other debris from skin or clothing can lodge in the pores.
- As skin is drawn tight over the gluteal cleft with movement, hairs are drawn deeper into the pore and friction causes the hairs to form a sinus that may open in the skin to the side of the crease.

WHO IS AT INCREASED RISK?

You are at higher risk for developing a pilonidal cyst or abscess if you:

- Are overweight.
- Are male.
- Have very dense hair in the gluteal cleft area.
- Have a very deep gluteal cleft.
- Sit for long periods of time or have a sedentary lifestyle.
- Are between the ages of 19 and 30 years.
- Have a family history of pilonidal cysts (due to similar body type and lifestyle habits, not congenital defects).
- Have had a pilonidal cyst or abscess in the past.

WHAT ARE THE SYMPTOMS?

If the cyst is not infected, there may be no symptoms. One or more painless pores, with or without protruding hair, may be visible in the midline of the buttocks crease. Sometimes tunnels or sinus tracts develop underneath the skin; in these cases, additional openings may be found slightly to the side of the crease.

If the cyst is infected, there is often pain, redness, and/or swelling at the top of the buttocks crease. This can make it uncomfortable to sit or lie back. If the cyst or abscess bursts, it may drain fluid, blood, or pus (a creamy white, green, or yellow discharge). Sinus tracts may be present if there are multiple sites of drainage.

HOW ARE THEY DIAGNOSED?

Diagnosis is based primarily on your symptoms and physical exam findings. If pus is present, a wound culture may be obtained to identify the specific bacteria causing the infection.

WHAT IS THE TREATMENT?

Pilonidal cysts that are not causing symptoms or pain do not typically require treatment.

WHAT IS THE TREATMENT? (continued)

Pilonidal abscesses must drain in order to heal!

- Warm compresses and soaks are key to helping an abscess drain on its own, which is the preferred treatment. To be effective, warm compresses or soaks should be used at least 3-4 times a day for 10-15 minutes each time.
- An abscess that does not drain on its own will need to be opened by a trained medical provider. This procedure is called an incision & drainage (or I&D).
 - After the abscess is opened and drained, it may be packed with gauze to prevent fluid and/or pus from refilling the cyst. This packing will need to be changed regularly.
 - You may be advised to return to clinic for wound care, or you may be given instructions to change the dressing on your own.
- Removal of the cyst and any sinus tracts by a surgeon is recommended for recurrent or chronic cysts or abscesses. Unfortunately, it is still possible to develop another cyst following this procedure.

Other treatment measures include:

- Antibiotics: A course of antibiotics may be prescribed, especially if the surrounding skin shows signs of infection.
- Pain control: Over-the-counter ibuprofen (Advil or Motrin) or acetaminophen (Tylenol) may be sufficient in some cases; ibuprofen should be taken with food to avoid an upset stomach. Stronger pain medications may be prescribed by your medical provider if needed.
- Good skin hygiene: Keeping the site clean and dry is essential. Cleanse with warm water and mild soap, then rinse and dry thoroughly.

HOW CAN I PREVENT THEM?

- After the skin has healed from drainage of a pilonidal abscess, removing hair regularly from the gluteal cleft area may help prevent recurrences. You can do this by shaving carefully or by using a hair-removal product such as Nair. It is not clear if hair removal is helpful in patients with asymptomatic pilonidal cysts.
- Clean the skin along the buttocks crease thoroughly, but gently, every day in your shower or bath.
- Avoid soaking in bubble baths or bath salts, which can dry and irritate the skin.
- Avoid prolonged sitting, especially if you are overweight, have a deep gluteal cleft, or have large buttock muscles.

RECOMMENDED WEBSITES:

- www.mayoclinic.org
- www.fascrs.org