

Squamous Cancer Originated in a Recurrent Pilonidal Sinus: The Progression of a Benign and Frequent Condition to an Infrequent Cause of Death

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ABSTRACT

The pilonidal sinus is a frequent condition that infrequently originates malignancy, although in this case prognosis can be fatal. The objective of this paper is to present a case of a patient who underwent multiple resections of pilonidal sinus with eventual development of malignant degeneration and fatal evolution, in order to emphasize the importance of the systematic histopathology examination of all surgical excision samples.

Key words: Sinus; Pilonidal; Carcinoma; Squamous

CASE REPORT

The case of a 49-year-old man with a history of surgical intervention for pilonidal sinus in 2003 and 2015, with benign histopathological result in both opportunities is presented. Subsequent recurrence 16 months later required an in-bloc excision. The hispathology report showed invasive squamous cell carcinoma (SCC). The case was discussed in the Oncology Multidisciplinary Committee deciding adjuvant chemotherapy with 3 cycles of cispla-

tin at high doses >80mg/m², and a total dose of 46 Gy of radiotherapy. He presented a torpid evolution with radio-dermatitis with secondary successive infections and the appearance of new nodular lesions around the scar. The biopsy of a nodule confirmed recurrence. New resection was made with no local control, leading to fatal outcome.

CONCLUSIONS

Pilonidal sinus is a frequent condition that usually locates on the sacrococcygeal region. SCC arising from it is infrequent, occurs in approximately 0.1% of cases,¹ and is related to a worse prognosis compared to SCC of different origin. Therefore, the systematic analysis of all resection samples is necessary.² Growth is slow, with a tendency to local invasion and inguinal, iliac and para-aortic lymph node metastases.³



Figure 1: Recurrent malignant pilonidal sinus on post-radiotherapy radiodermatitis.

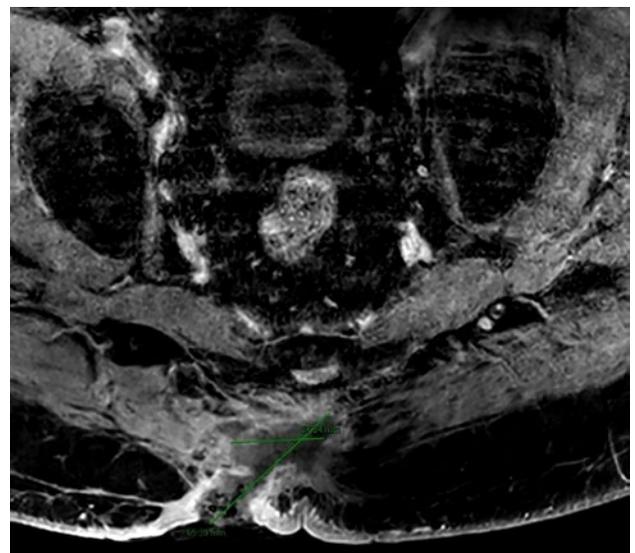


Figure 2: MRI for staging of local involvement. Muscle plane, prevertebral fascia, and skin are compromised.

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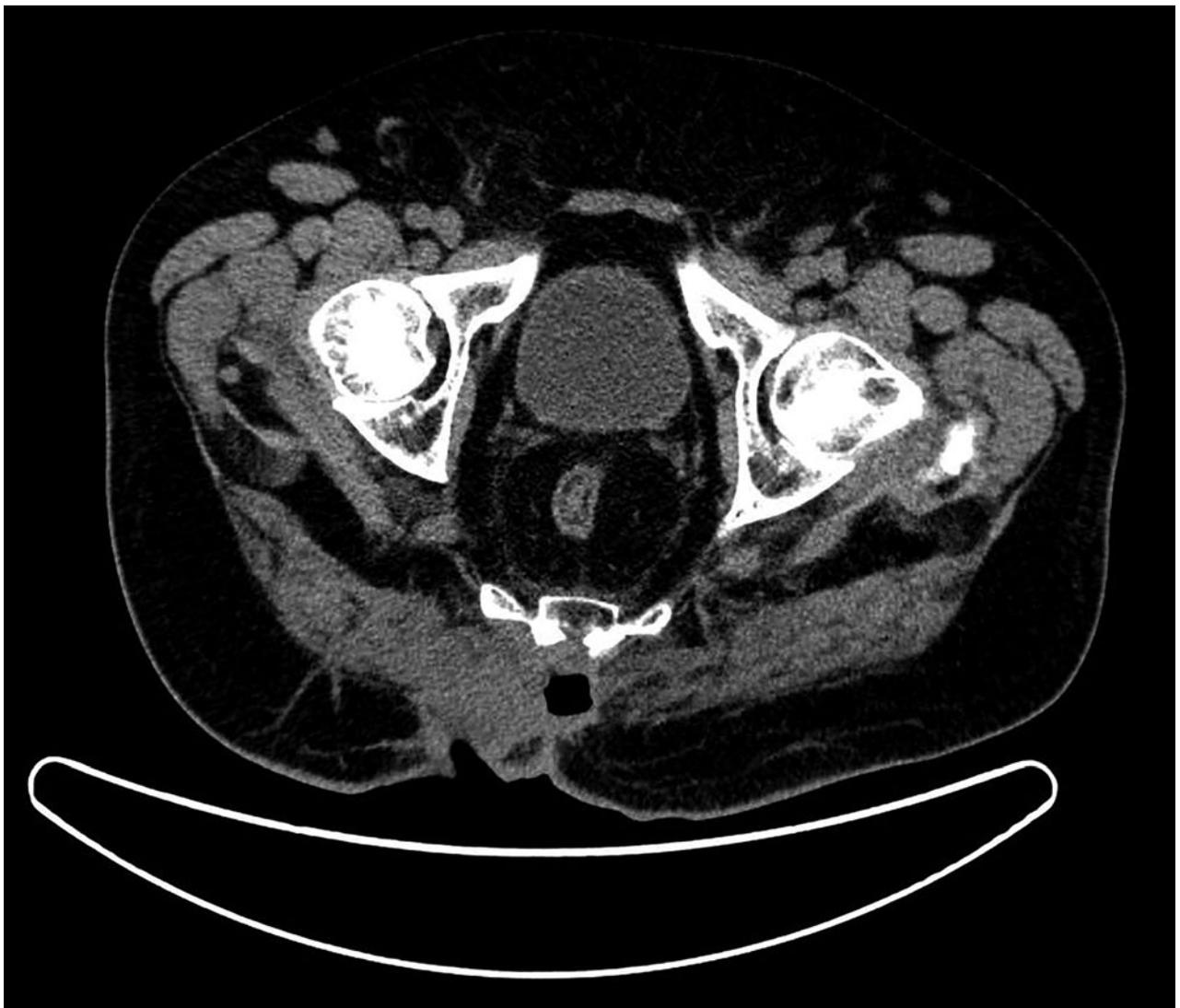


Figure 3.

The preoperative investigation must include, in addition to proctosigmoidoscopy, imaging tests such as CT or MRI for local and distant staging.⁴

Oncologic surgical excision is the gold standard, and is indicated when there is no evidence of metastatic disease. Includes excision of the presacral fascia, gluteus maxi-

mus, and a wide margin of skin and subcutaneous cellular tissue.⁵ Systematic inguinal lymph node dissection is not recommended. After surgery, local recurrence is frequent, around 34-50%, although some authors suggest improvement in survival with adjuvant chemo-radiotherapy.

BIBLIOGRAFÍA

1. Parpoudi SN, Kyziridis DS, Patridas DCh, et al. Is histological examination necessary when excising a pilonidal cyst? *Am J Case Rep* 2015;16:164-68. doi: 10.12659/AJCR.892843.
2. Kovacevic P, Visnjic M, Vukadinovic M et al: Carcinoma arising in pilonidal disease. Report of two cases. *Facta Univ* 2007;14:133-37.
3. Gil A, Amondarain JA, Aribe X: Squamous-cell carcinoma on pilonidal disease. *Kirurgia* 2006; 5:1-4.
4. Bree E, Zoetmulder FAN, Christodoulakis M, Aleman BMP, Tsiftsis DD. Treatment of malignancy arising in pilonidal disease. *Ann of Surg Onc* 2001;8:60-4.
5. Nunes LF, Castro Neto AKP, Vasconcelos RAT, et al, Carcinomatous degeneration of pilonidal cyst with sacrum destruction and invasion of the rectum. *An Bras Dermatol* 2013;88(6 Suppl 1):S59-62.

COMMENT

In the clinical case presented by the group from Granada, Spain, a 49-year-old male patient is described. In the recurrence of a sacrococcygeal cyst an epidermoid carcinoma is evident in the hispathological study. Despite the cancer

treatment performed, the outcome was fatal in a few months, with significant local invasion at the bone (sacrum), and the regional lymph nodes. Pilonidal disease is a benign condition, but in a few cases of the literature malignant transformation to squamous cell carcinoma could be demonstrated, with an overall incidence of less than 0.1% of all recurrent sacrococcygeus cysts. It is important to note that all sacrococcygeal cysts must be sent for histopathological study due to the possible finding of malignancy in the specimen.

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