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Umbilical Pilonidal Sinus as a Possible Complication of Depilation

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To the Editor:

Pilonidal sinus is a chronic inflammatory disorder caused by a hair fragment penetrating the skin and producing a foreign body reaction leading to the formation of a sinus coated with granulation tissue. The disease commonly occurs in the sacrococcygeal region, but can also develop in other locations where an anatomical cleft facilitates the accumulation of hair; these locations include between the breasts, the axilla, the perineum, or in the spaces between the fingers (in the case of barbers in particular). The occurrence of the disease in the navel is rare.

A 28-year-old man came to our clinic with inflammation and suppuration in his navel that had commenced some 2 months previously. Meticulous examination revealed a sinus tract from which a number of hair fragments were extracted. The patient, who was hirsute and whose weight was appropriate for his height, had been shaving his body with a razor since about 4 months previously. The removal of the hairs from the cavity alleviated the symptoms, and no recurrence was evident 6 months later.

Most cases of umbilical pilonidal sinus present as recurrent omphalitis with pain, suppuration and bleeding, or even as an umbilical mass. Pilonidal sinus typically affects young, hirsute men, often with poor personal hygiene. Obesity and sweating are other factors that facilitate hair entry in the epidermis.¹ The literature does not refer to depilation as a risk factor for the development of umbilical pilonidal sinus, possibly because the interest in depilation among men is a fairly recent development. In our patient, fragments of hair cut from the chest and abdomen very likely settled within the navel, resulting in the formation of the pilonidal sinus.

Diagnosis is clinical and based on the detection of hairs nesting deep within the navel. Pathology reveals a foreign-body granuloma, with an epithelium-lined tract leading to an area of fibrosis and granulation tissue enveloping the hair fragments. This entity should be included in the differential diagnosis of umbilical lesions, such as, for example, epidermal cysts, umbilical hernias, pyogenic granulomas, endometriosis, omphalomesenteric duct remnants,

urachal anomalies, and metastatic tumors.²

Most patients are cured by conservative treatment involving the extraction of the hair fragments and other debris from the cavity and, if necessary, the administration of oral antibiotics.^{3,4} Omphalectomy should only be resorted to for difficult-to-treat cases. In order to avoid the possibility of recurrence, navel reconstruction is not recommended, it being preferable to allow the surgical wound to heal by second intention.

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Pigmented Eccrine Poroma

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To the Editor:

Eccrine poroma is a rare tumor that displays variable morphology.

Its clinical variability means it can adopt the appearance of other cutaneous tumors, whereby

diagnosis is only rarely made on a clinical basis and must be confirmed by pathology.