COMBINATION OF NEGATIVE PRESSURE THERAPY AND AN ENZYME ALGINOCEL 
IN THE TREATMENT OF A PILONIDAL CYST

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INTRODUCTION
On 13/01/2009 we were consulted about a wound following removal of a pilonidal cyst in a teenager aged 17. This was the 3rd time the pilonidal cyst had recurred. On this occasion, the doctors decided on ablation of this cyst without closing the skin, allowing the wound to heal by second intention. The patient underwent surgery on 18/12/2008 and left the hospital with iodine dressings on 29/12/2008. On 02/01/2009 he returned for another consultation, as the pain was unmanageable and treating the wound at home was too difficult. After we had given our advice and in agreement with the doctors, we decided to start negative pressure wound therapy. This was removed on 23/01/2009 for two reasons: the pain was too severe and the CPAS (Public Welfare Services) only granted us approval for a 15-day financial support. At that point, we decided to continue treatment with an enzyme alginogel*.

On 06/02/2009 the patient left hospital and treatment was provided by the outpatient dressing clinic.

TREATMENT
Negative pressure wound therapy from 13/01/2009 to 23/01/2009

The enzyme alginogel* proved to be a good alternative to negative pressure wound therapy. At the beginning, the dressing was replaced 3 times a week, then twice a week after 6 months.

In parallel, the patient received pain relief treatment for wellbeing and quality of care.

When the dressing was replaced at the dressing clinic, the patient took a shower, then the wound was cleaned with Prontosan® and filled with enzyme alginogel* up to half a centimetre beyond the wound, with the wound edges protected with Cavilon® spray (essentially to control the surrounding hair growth) and a foam dressing was used as a secondary dressing.

RESULT
The wound progressed very favourably but failed to improve in the terminal phase just before the wound had closed completely.

Because of the onset of chronic pain experienced by the patient, located at wound level, and as there were socio-familial difficulties, we suspected, at one point, the patient of deliberate self-harm in order to be able to continue treatment at the dressing clinic to obtain moral and familial support.

Treatment by a pain team and a psychologist enabled care to be continued with positive progress.

The time to recovery was approximately one year. Chronic pain has still not disappeared, but after numerous examinations we still had no explanation.

CONCLUSION
Enzyme alginogel* proved to be an ideal product for this type of wound, both in terms of patient comfort and treatment of the wound. Throughout treatment, the product permitted an objective and simple clinical evaluation, the gel is easy to apply and maintains an optimum moist environment which promotes recovery. The patient never complained about the consistency of the product.

In view of the size of this wound and the social context, it must be pointed out that there was never any sign of secondary infection. This demonstrates the excellent antimicrobial properties of the enzyme alginogel*.

*Enzyme alginogel = Flaminal® Hydro – Flaminal® Forte