



TREATMENT METHODS FOR EPITHELIAL COCCYGEAL PASSAGE

Sherkulov K.U.
Radjabov J.P.,
Karaboev J.A.

Department of General Surgery
Samarkand State Medical University

Article history:	Abstract:
<p>Received: March 11th 2022 Accepted: April 20th 2022 Published: May 30th 2022</p>	<p>Epithelial coccygeal passage is a congenital widespread condition and accounts for 1-2% of all surgical pathology. The incidence predominates in persons with increased hairiness, and is rare in persons of non-gracial race. Patients with persistent or recurrent purulent fistulas of the sacro-copal region are sometimes encountered among coloproctologist patients. This passage is a congenital skin anomaly associated with incomplete reduction of the muscular and connective structures of the caudal region - the epithelio-coccygeal passage. The surgical tactics for the treatment of epithelial-dorsal passage are practically unified. Individual approach to the choice of surgery depending on the topographic features of the coccygeal region along with application of a complex of measures for the prevention of complications during follow-up treatment make it possible to achieve good results of recovery.</p>

Keywords: epithelial coccygeal passage, surgical treatment, breech stiffening

INTRODUCTION:

Epithelial coccygeal passage is a congenital, widespread condition and accounts for 1-2% of all surgical pathology. In coloproctology it occurs in 14-20% of cases. In men it is 2 to 3 times more common than in women. The incidence prevails in persons with increased hairiness and is rarely seen in persons of non-gracial descent. The fistula is mostly caused by infection and chronic inflammation of a narrow duct (passage) in the distal part of the intercostal fold, lined with the normal dermal epithelium, which opens outward in one or, less frequently, several pinholes near the anus, between the anus and the apex of the coccyx. Patients with persistent or recurrent purulent fistulas of the sacro-coccygeal region are sometimes encountered among coloproctologist patients. This passage is a congenital skin anomaly associated with incomplete reduction of the muscular and connective structures of the caudal region - the epithelial coccygeal passage. It is limited to excision of the abnormal section with suturing to the wound bed. There are three anatomical variants of the gluteal-caudal region (standing):

- High configuration ('standing') of the buttocks with a deep interdigital cleft and with the location of the first, most distal (if more than one) opening of the epithelial passage relatively close to the anus;
- Middle breech with a more 'open' (from its upper third) inter-jugular fold and with a higher

location of the primary opening of the epithelial passage relative to the edge of the anus;

- low, "flat" location of the buttocks with the entire length of the crease open and with a high localisation of the primary opening of the epithelial passage above the edge of the posterior foramen. Based on the analysis of the literature review, the high incidence of this disease and its postoperative complications, as well as the long terms of temporary disability of patients, indicate the need for a differentiated approach to the choice of treatment tactics and surgical aid, taking into account the topographic and anatomical relationship of the structures composing the gluteocutaneous-caudal region, as well as the severity and spread of inflammatory process, which allows to significantly.

OBJECTIVE OF THE STUDY.

The tactics of surgical treatment of epithelial coccygeal passage.

MATERIALS AND METHODS OF RESEARCH:

45 patients with epithelial coccygeal passage of the chronic form underwent surgical treatment from 2017 to 2021 in the coloproctology department of SamMU clinic. All underwent radical treatment. The surgical tactics for the treatment of epithelial coccygeal passage is practically unified. It is reduced to the excision of the pathological section with suturing to the bottom of the wound. Deaf mattress sutures were applied in 7 patients (16%). Postoperative



complications in this group of patients occurred in 1 patient (14%). After these complications we started using semi-open method of surgical treatment taking into account anatomical parameters and complexity of the form of the disease. The most unfavorable group included patients with a high configuration of the buttocks, an acute angle of intertrochanteric cavity, and long fold length. For this group of patients developed and modified method of surgical treatment by doctors of SamMU clinic was applied. After excision of the pathological focus within the healthy tissue, a wedge-shaped flap of subcutaneous fat tissue from both sides of the wound was additionally excised so that sufficient mobility of moved to the bottom skin edges was provided. The wound was sutured by return sutures to each half separately, so that after tightening of all the sutures a narrow wound was left, not more than 0.2 cm. Thirty-eight patients (84%) were operated on in this group. Complications were observed in 4 patients. The remaining 34 patients were operated with partial excision of the wedge-shaped flap of subcutaneous fatty tissue, sutured to the bottom of the wound. Complications were observed in 2 patients. The choice of surgical treatment for patients with various clinical forms of epithelial coccygeal passage should take into account the individual topographic and anatomical relationships of the structures composing the gluteocutaneous coccygeal region.

There are three anatomical variants of the gluteal-caudal region ("standing" gluteus maximus):

- High configuration ("standing") of the buttocks with a deep interjugo-digital cleft and with the first, most distal (if more than one) opening of the epithelial passage relatively close to the anus;
- Middle breech with a more 'open' (from its upper third) inter-jugular fold and with a higher location of the primary opening of the epithelial passage relative to the edge of the anus;
- Low, "flat" location of the buttocks with a full-length fold open and with a high location of the primary opening of the epithelial passage above the margin of the posterior foramen

CONCLUSION.

Thus, individual approach to the choice of surgery depending on the topographic features of the sacrocranial coccygeal region, along with application of a set of measures to prevent complications during follow-up allows to achieve good recovery results. Based on the analysis of the literature review, the high incidence of the disease and its postoperative complications, as well as the long terms of temporary disability of patients, indicate the need for a

differentiated approach to the choice of treatment tactics and surgical aid, taking into account the topographic and anatomical relationship of the structures comprising the gluteocutaneous coccyx area, as well as the severity and spread of inflammation, which allows to significantly improve the results.

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