USE OF ACTIVE LEPTOSPERMUM HONEY TO TREAT DIFFICULT POST OPERATIVE PEDIATRIC PILONIDAL CYST WOUNDS

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OBJECTIVES
1. To illustrate the effectiveness of ALH to assist in debridement of non-healing post-operative pilonidal cyst wounds.
2. To demonstrate the effectiveness of ALH to reduce risk of infection in post-operative pilonidal cyst wounds.
3. To establish the usefulness of using ALH to facilitate granulation in the healing process of pilonidal cyst wounds.

BACKGROUND & METHODS
Although often occurring in otherwise young and healthy patients, surprisingly pilonidal cyst surgical wounds after excision are historically difficult to heal. Active Leptospermum Honey® (ALH) has been shown to assist in the healing of other challenging wound etiologies due to its low pH and high osmolality stimulating the healing process. This series presents data from 5 cases and photos from 3 cases of non-healing pilonidal wounds that were managed with ALH.

Five patients aged 14–17 with chronic, recalcitrant pilonidal cysts and histories of surgical excisions were referred for wound management due to lack of normal healing. ALH was initiated to reduce necrotic tissue, facilitate granulation and reduce risk of infection.1

RESULTS & CONCLUSION
Prior to initiating either ALH Gel or Calcium Alginate all wounds had measurable volume ranging from 3 cm³ to 22 cm³. Mean initial wound volume was 8.39 cm³. Upon weekly evaluations the wounds began to improve and a reduction in size and depth was noted. Four of the five wounds closed, one patient did not return for follow-up but showed marked improvement. Wounds closed in time ranging from 4 weeks to 11 weeks with ALH. An average of 44 days of out-patient wound care with ALH followed by a covered dressing was completed to bring the wounds to closure.

Measures taken to facilitate healing and prevent re-occurrences included waxing, shaving, and laser hair removal and keeping the area clean, dry, and free of hair as possible. ALH provided safe, effective debridement and assisted in wound healing for this group of young patients. No untoward effects or new infections were noted and continued research would be beneficial.

SAMPLE CASES
15 year old female status post I & D with poor healing for 5 ½ months post operatively with odor and persistent bleeding. Wound measured 3.5 x 0.9 x 3.4 cm. Prior treatments included antibiotics and unspecified dressings. Initiated ALH with wound closure in 31 days.

17 year old male seen status post I & D on 2-12-13 for pilonidal cyst revision. Complaints of swelling, pain, and bloody drainage with dehiscence wound measuring 1.9 x 0.1 x 3.9 cm. Wound previously had surgical packing. ALH was initiated 4-8-14 along with antibiotics for Staph Aureus. After 3 weeks of ALH treatment, wound had reduced to 0.9 x 0.1 x 2.0 cm.

14 year old female status post I & D of pilonidal cyst on 11-6-13. Presented on 11-11-13 with 2.0 x 0.3 x 2.0 cm. Collagen/silver dressing initiated. On 11-15 pt. presented with odor and slight temperature in spite of antibiotics. ALH was initiated with new antibiotic. On 11-25-13, wound measured 1.4 x 0.2 x 0.8 cm. with no odor. ALH was continued and wound closed on 12-11-13 in 26 days.