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## BACKGROUND

A pilonidal cyst is an inflammatory process in the skin and subcutaneous tissue in the sacrococcygeal region containing hair and debris.<sup>1</sup> These wounds are known to be very painful and may become infected. Treatment is typically surgical and involves excising the cyst and draining the pocket of fluid and debris.<sup>2</sup> Due to the location of the wounds, healing can be challenging and dressing changes can be time-consuming and painful. Healing of these types of wounds can take from months to years and necessitate multiple trips to clinicians for dressing changes or surgical interventions.<sup>3</sup>

## PAST MANAGEMENT

In addition to surgical incision and drainage, standard of care (SOC) treatment of these wounds includes decreasing strenuous activities, increasing protein in the diet and packing the wound bed multiple times a week or utilizing negative pressure wound therapy (NPWT). Prior treatment methods utilized in the cases presented included NPWT and packing with packing strips, hydrofibers, antimicrobial gauze, or hydrogels.

## CURRENT CLINICAL APPROACH

Three young adults (18 y/o female, 17 y/o female, and 20 y/o male) had received multiple SOC treatments (over 3.5 months to 2 years) with minimal improvement. Transforming powder dressing (TPD\*) was initiated and applied weekly to the wounds with a non-adherent cover dressing.




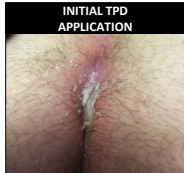






## MATERIAL

TPD\* is a novel powder dressing comprised primarily of biocompatible polymers (similar to those used in contact lenses). Upon hydration with saline, TPD granules aggregate to form a moist, oxygen-permeable matrix that protects the wound from contamination while helping to manage excess exudate through vapor transpiration. Once applied, TPD may be left in place for up to 30 days and additional powder may be added as needed without requiring primary dressing changes. Simple secondary dressings may be used in areas of high exudation or friction and changed as clinically necessary. TPD dries and flakes off as the wound heals.

\*Altrazeal® Transforming Powder Dressing

## PATIENT OUTCOMES

All wounds healed upon conversion to TPD without any adverse events. In two of the patients, the wounds had been present for two years despite SOC treatment. The 18 y/o female healed after four weeks (2 TPD applications), 17 y/o female healed after one week (1 TPD application) and the 20 y/o male healed after twelve weeks.

18 y/o Female		20 y/o Male			17 y/o Female
					<ul style="list-style-type: none"> <li>• Nonhealing pilonidal cyst for 15 weeks refractory to SOC wound care with daily packing</li> <li>• Originally, wound volume measured 1 x 1 x 2.5 cm. After 15 weeks, when converted from SOC to TPD, wound measured 0.5 x 0.5 x 1.5 cm</li> <li>• Wound was closed in one week with a single TPD application</li> <li>• No re-opening on follow up and no complications reported</li> </ul>
					

## CONCLUSION

TPD offers a unique alternative to current SOC for treatment of pilonidal cysts. For the three patients presented, TPD filled and protected cavities in challenging locations, creating an environment conducive to healing, and accelerated wound closure while reducing the frequency of required dressing changes and enhancing patient comfort.

## REFERENCES AND ACKNOWLEDGEMENTS

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