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## **Operation Therapy with Shengjiyuhong ointment versus—for the Definitive Treatment of Sacrococcygeal Pilonidal Sinus Disease 30 Cases**

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### **【Abstract】**

**Objective** to summarize the methods of diagnosis and treatment for sacrococcygeal pilonidal sinus. **Methods** The processes of diagnosis and treatment for 30 patients with sacrococcygeal pilonidal sinus were analyzed retrospectively. **Results** 30 patients healed completely.

**Conclusion** Perfecting inspection before surgery, clarifying a diagnosis, choosing a suitable surgical treatment, and perioperative care could cure the disease and extremely reduce recurrence.

**【Key words】** Sacrococcygeal Pilonidal Sinus; Operation therapy; Shengjiyuhong ointment

Pilonidal sinus is a rare disease, and it is diagnosed through identification of a characteristic epithelial track situated in the skin of the natal cleft, a short distance behind the anus [1]. If processing is undeserved, it is difficult to cure, so recurrent cases are common in clinical practice. Between January 2012 and July 2012, 30 patients with pilonidal sinus disease in our hospital, who are treated by sinus fusiform excision and postoperative dressing with Shengjiyuhong ointment. The curative effect is satisfactory.

### **1. Materials and methods:**

1.1 Average data : There were 30 cases in this group, 28 males, 2 females; aged 16 to 40 years old, average 25 years old. Duration of 7 days to 4 years, average 1.12 years. There were 20 first diagnosis cases and 10 cases of recurrence. There were 1 sinus in 13 cases and multiple sinus in 17 cases, which 17 cases were acute infection period.

1.2 Clinical manifestation : In the beginning, focus is located near the middle sacral tail and buttocks and shows sacrococcygeal swelling, ulceration and suppuration. Digital examination can not touch the inside mouth, the cable is not communicated with the rectum. Sinus of 1~8, 3~12 cm from anus, 10 cases of sinus can be seen in the hair. B ultrasound examination in 15 cases, 12 cases show sacrococcygeal soft tissue shadow or liquid dark area, or see the flake hypoechoic, unequal in size, clear boundary, oppression and visible part of the inertial motion of the liquid; 2 cases show that there is subcutaneous slow channel and anal canal is lower, which are misdiagnosed as anal fistula.

1.3 Therapeutic method: The patient is in the prone position, regular disinfection, napkin. Because the sacrococcygeal subcutaneous infection is present, sacral anesthesia or lumbar puncture may take the bacteria into the spinal canal, epidural anesthesia is prohibited. Patients should be treated with local infiltration anesthesia. Electric knife cut off diseased tissue, including the pus cavity, sinus, chronic inflammatory hyperplastic tissues and hair, deep sacrococcygeal fascia, which is generally preserved and can resist the spread of infection to the deep. Trim both sides of the incision of skin, making cut into the shape of "V", to avoid false healing. After the operation, use the traditional Chinese

medicine prescription "hemorrhoid lotion" to wash and Shengjiyuhong ointment gauze to change dressing.

### Results and discussion:

30 patients healed completely. Pathology diagnosis "foreign body granuloma". The healing phase: 26~45 days. Patients were followed up for 5 months~4 years without recurrence.

2.1. Pathogenesis: In 1830 Herbert Mayo first described this disease. The etiology of this disease remains controversial. Congenital pilonidal sinus is due to incomplete separation between the back of neuroectoderm and skin ectoderm, which is easily complicated with bacterial meningitis, skin abscess, epidural and subdural abscess [2]; however, the acquired theory is that pilonidal sinus is due to a hair twist and friction in the walk, hair between gluteal cleft stab into nearby skin. Karydakos [3] believes the cause of three elements: loose hair; cause hair into the suction; skin injury.

2.2. Diagnosis: The disease occurs in young adults, a high prevalence of white, and the disease is rare in domestic, higher misdiagnosis and recurrence rate. The disease should be identified between perianal abscess, anal fistula, infection of presacral teratoma, hidradenitis suppurativa, and furuncle, carbuncle, granuloma, lymphadenitis. The affected part can be seen the irregular holes in the midline skin, the surrounding skin is usually seen swollen, some can be seen hair. The probe can be into 3~4 cm, the wound can be discharged thin smelly liquid [4]. A significant feature is that there is hair in sinus, but reported positive rate of pilonidal sinus hair is about 40%~50% [5].

2.3. Treatment: the method of clinical treatment is divided into two kinds: operation therapy and non-operation therapy. Non-operation therapy includes sclerotherapy, Chinese support line and the pad pressure therapy. At present, there are many methods for operation, such as one-stage resection and suture in the treatment, excision wound open surgery, two-stage suture of incision and drainage, spindle flap suture, marsupialization, asymmetric resection intradermal suture, excision wound and grafting treatment.

2.4. Conclusion: the combination of our hospital in 6 months to treat 30 patients, the authors believe that the key to the treatment of this disease has two, one needs to complete removal of lesions, lesions of the residual is recurrence. Second, postoperative drainage is essential to treat the disease, 30 patients were followed up for 1 year, no recurrence.

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## Bioactive constituents from the seeds of *Pharbitis nil*

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**Abstracts:** Pharbitidis Semen, theseeds of *Pharbitis nil* Choisy, with the main bioactive constituents resin glycosides, has been used as a purgative drug in folkloric medicine. With the deepening of the study, the medicinal value of Pharbitidis Semen is gradually developed showing a