

## Radiofrequency Sinus Excision

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Dear Sir,

In a recent article in *Digestive Surgery*, Gupta [1] outlined an important issue in the field of proctology. The most important characteristic that makes radiofrequency surgery different is its cutting-coagulating ability developed through the use of radiowaves that generate a tissue temperature not exceeding 65°C and assimilated to a 'cold' cut. This is important when operating on delicate tissues such as those of the anal region because the atraumatic nature of the cut allows a dramatic reduction of tissue edema with subsequent improvement of the postoperative pain. Moreover, healing processes, by a histologic analysis, are optimal and faster than normal with fewer long-term complications. Finally, radiofrequencies do not alter the

basic technique of the operation and for this reason leave the same postoperative recurrences of classic operations (hemorrhoidectomy, sphincterotomy, fistulectomy or fistulotomy or sinus excision) but make easy and fast their execution.

With particular regard to radiofrequency pilonidal sinus excision, we treated 30 patients during the last year. In all of them immediate postoperative pain (during the first 24 h) was mild and 19 patients achieved a complete healing with primary closure (63.3%; fig. 1). The patient's satisfaction rate, measured 15 days after the operation, was high (8.5 on a VAS scale) and, after 1 year, no recurrence was recorded.

Radiofrequencies are a new tool in proctology still frequently misunderstood

and ignored. Our group has reached, in conjunction with Gupta [1], a wide experience experimenting radiofrequencies in every major proctologic disease (hemorrhoids, anal fissures and anal fistulas) and we compared this technology with current gold standard techniques in clinical randomized trials [2–4]. We reached in our studies positive results in terms of postoperative recovery, reduction of pain, return to normal activity. For this reason, we usually adopt radiofrequencies in our clinical practice and results obtained force us to continue with this technique.

### References

- 1 Gupta PJ: Comparative study between radiofrequency sinus excision and open excision in sacro-coccygeal pilonidal sinus disease. *Dig Surg* 2006;22:459–463.
- 2 Filingeri V, Gravante G, Baldessari E et al: Prospective randomized trial of submucosal hemorrhoidectomy with radiofrequency scalpel vs. conventional Parks' operation. *Tech Coloproctol* 2004;8: 31–36.
- 3 Filingeri V, Gravante G: A prospective randomized trial between subcutaneous lateral internal sphincterotomy with radiofrequency bistoury and conventional Parks' operation in the treatment of anal fissures. *Eur Rev Med Pharmacol Sci* 2005;9:175–178.
- 4 Filingeri V, Gravante G, Baldessari E et al: Radiofrequency fistulectomy vs. diathermic fistulotomy for submucosal fistulas: a randomized trial. *Eur Rev Med Pharmacol Sci* 2004;8:111–116.



**Fig. 1.** a A 29-year-old patient with a 3-year history of pilonidal sinus; preoperative view. b Postoperative view on the 17th postoperative day; complete healing with primary closure.