It was noted that the patient had a Limberg flap surgery for pilonidal sinus disease one year ago and a hip prosthesis five years ago. A surgical drainage was planned and performed, in medical treatment, ceftriaxone and metronidazole were administered. After no infection was seen, the patient underwent a second rhomboid excision and Limberg flap procedure by preparing left side gluteal flap. At postoperative 7th day, an infection recurred despite antibiotic administration. Then flap dehisced (Figure 1A). A new debridement was performed and followed by a negative pressure wound therapy (NPWT, Confort-Turkey). NPWT was continued for nine days, with a dressing change every 72 h. The pressure was 60 mmHg, and continued with 5 min on and off intervals with instillation of saline (Figure 1B). At the end of the 10th day, the wound was ready to suture with sufficient granulation formation (Figures 1C and 1D).

**DISCUSSION**

NPWT is one of the treatment approaches to increase healthy granulation tissue for complex wounds. It is also known that NPWT is an effective therapy decreasing bacterial contamination in wounds. Recently, there are few reports about its successful use in the management of pilonidal sinus disease and recurrent form in addition to surgical treatment. In the literature, there is no study regarding the use of NPWT for the flap dehiscence.

Infection and dehiscence after flap surgery may lead to removal of flap and a secondary surgical intervention is required to close large sized tissue defects. Prolonged hospital stay, high treatment cost, and late return to work are among disadvantages. When NPWT is used, granulation tissue formation increases with the mechanisms of increased blood flow, and aspiration of infected materials and exudates. NPWT increases blood flow in the applied area and thus works in favor of any flap tissue remaining even though partially lost. This gives an opportunity to use the same flap to close the wound in most cases. So, on the basis of this case, it can be suggested that the usage of NPWT promotes wound healing and contributes to the flap survival in the presence of infection and flap dehiscence in recurrent pilonidal disease.

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