

Myriad Matrix™

Pilonidal Sinus Disease

Clinical Resource



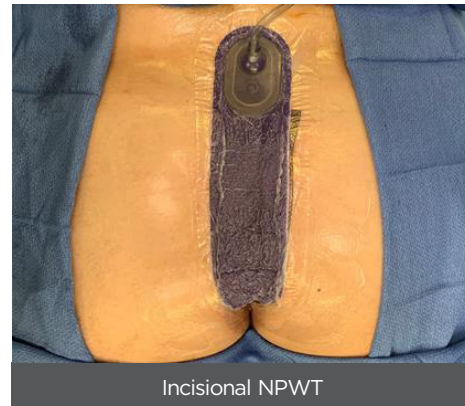
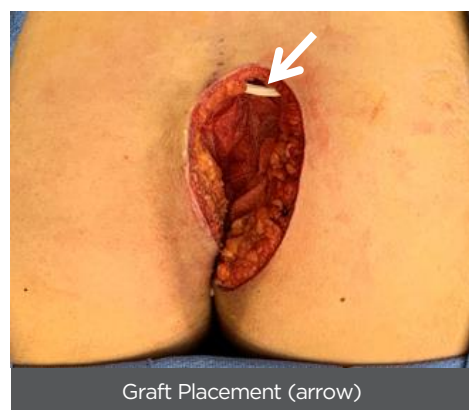
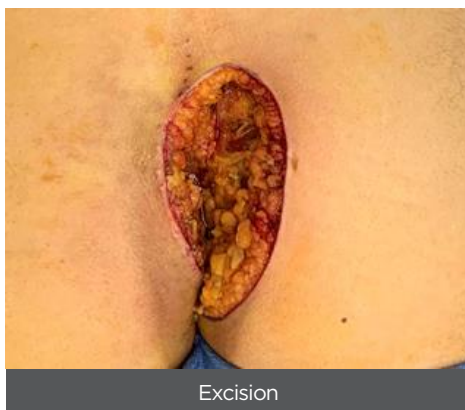
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Pilonidal Sinus Disease Clinical Resource

Wide excision and fasciocutaneous flap advancement

20-Year-old male. Two-year history of pilonidal sinus managed with incision and drainages. Previously underwent an excision with primary midline closure ~1 year ago, resulted in wound dehiscence and subsequent chronic draining purulent sinuses. Procedure involved full thickness excision of affected area (~12 x 6 x 5 cm). Myriad Matrix (3-layer, 10 x 10 cm) placed in the defect prior to fasciocutaneous flap mobilization. Silver dressing placed over incision followed by an incisional NPWT. Wound fully healed at 3 weeks and remained healed at 10 weeks.¹



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Wide excision and closure

15-Year-old male. Initial abscess 8 months prior, with incision and drainage performed. Cyst excision 2 months later with plan for secondary intent healing with NPWT. Experienced severe pain with each dressing change and debridement in which anesthesia was required. Patient opted for wide excision and closure. Myriad Matrix (5-layer, 10 x 20 cm) sutured to the defect, then incisional NPWT. Defect healed at 5 weeks.



Initial Defect



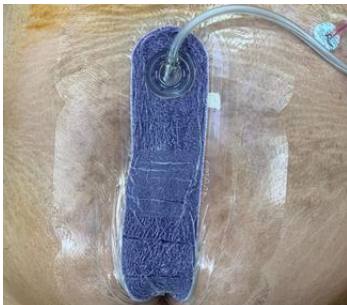
Excision



Graft Placement (arrow)



Wick-assisted closure



Incisional NPWT



Week 5



Week 8

The rate of surgical complications of pilonidal sinus disease has been reported to be between^{2,3}

8-49%

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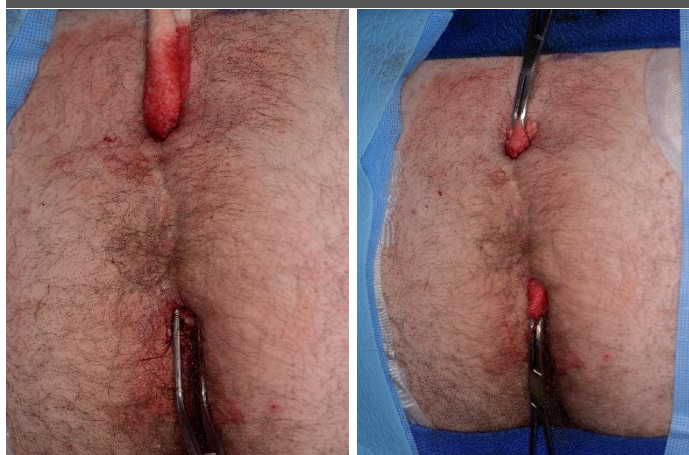
Minimally invasive technique

15-Year-old male. Four plus year history of PSD. Prior management included several incision and drainages, as well as a full excision and Karydakis flap 2 years ago. 4 Weeks prior to surgery the patient had an incision and drainage with placement of a drain. Prior to placement of Myriad Matrix, a curettage of the 8 cm long sinus was performed. Myriad Matrix (10 x 10 cm, 5-layer) was rolled following rehydration, passed through the sinus tract and anchored to the openings with suture. The wound was dressed with a petrolatum-based contact layer and dry gauze. At day 19, the openings of the sinus tract had completely healed. A bedside ultrasound was performed and revealed no fluid in the sinus tract. At long-term 23-week follow-up there was no recurrence and the sinus tract remained closed with no complications.⁴

Drain placed 4 weeks prior



Myriad Matrix passed through sinus, then secured at each opening with sutures



Day 19 – fully healed



References

1. Chaffin A et al. Surgical reconstruction of pilonidal sinus disease with concomitant extracellular matrix graft placement: a case series. *Journal of Wound Care*; Vol 30, No. 7, July 2021. <https://www.magonlineibrary.com/doi/full/10.12968/jowc.2021.30.Sup7.S28>
2. Alvandipour, M. et al. Comparison of Limberg flap and Karydakis flap surgery for the treatment of patients with pilonidal sinus disease: A single-blinded parallel randomized study. *Ann. Coloproctol.* 35, 313–318 (2019).
3. Ates et al. Short and long-term results of the Karydakis flap versus the Limberg flap for treating pilonidal sinus disease: a prospective randomized study. *Am J Surgery.* 2011; 202 568-573
4. Holloway, B. (2021). Minimally Invasive Closure for Recurrent Pilonidal Sinus Using Extracellular Matrix Graft: A Case Report. Symposium on Advanced Wound Care – Fall, 2021 (October 29-31), Las Vegas, NV. Available at: https://aroabio.com/wp-content/uploads/2021/11/Holloway_2021-SAWC-Fall-13-Oct-2021-FINAL.pdf

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