

# Myriad Matrix™

Soft Tissue Bioscaffold

## Clinical Case Series

# Pilonidal Sinus Disease

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## Clinical Case Series: Pilonidal Sinus Disease

### Wide excision and fasciocutaneous flap advancement

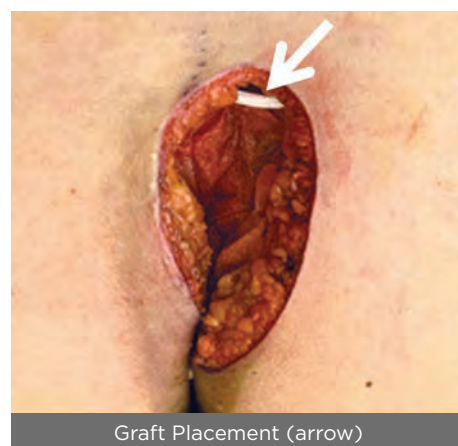
**20-Year-old male. Two-year history of pilonidal sinus managed with incision and drainages.** Previously underwent an excision with primary midline closure ~1 year ago, resulted in wound dehiscence and subsequent chronic draining purulent sinuses. Procedure involved full thickness excision of affected 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.<sup>1</sup>



Initial Defect



Excision



Graft Placement (arrow)



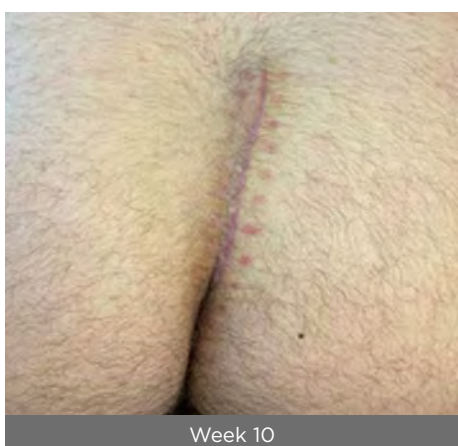
Flap Advancement



Incisional NPWT



Week 1



Week 10

CC.0026

# 8-49%

The rate of surgical complications of pilonidal sinus disease has been reported to be between<sup>2,3</sup>



## Clinical Case Series: Pilonidal Sinus Disease

### Wide excision and closure

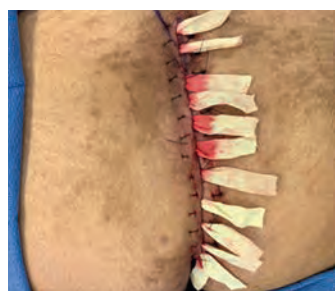
**15-Year-old male. Initial abscess 8 months prior, with incision and drainage performed.** Cyst excision 2 months later with plan for secondary intent healing with NPWT. Experienced severe pain with each dressing change and debridement in which anesthesia was required. Patient opted for wide excision 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

CC.0028

### Recurrent pilonidal sinus excision and reconstruction

**37-year-old male. Chronic recurrent pilonidal cyst for 20 years.** Prior management included multiple prior surgical procedures. Underwent wide excision of the lesion. **Myriad Matrix** (10 x 10 cm, 3-layer) was applied under a contact layer and secondary dressings including ABD pads. At day 5, **Myriad Matrix** was observed to be incorporating. At day 12, epithelialization at the edges could be seen along with residual **Myriad** in the defect center. At day 20, functional granular neodermis was visible and the sutures removed. No complications were reported. At week 10, the wound was 90% epithelialized and the patient went on to fully heal with no recurrence as of 6 months.



Placement of Myriad Matrix



Day 12



Day 20



Week 10

CC.0079

## Clinical Case Series: Pilonidal Sinus Disease

### 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 Karydakias 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.<sup>4</sup>



Drain Placed 4 Weeks Prior



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



Day 19 – Fully Healed

CC.0041

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.magonlinelibrary.com/doi/full/10.12968/jowc.2021.30.Sup7.S28>
2. Alvandipour, M. et al. Comparison of Limberg flap and Karydakias 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 Karydakias 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](https://aroabio.com/wp-content/uploads/2021/11/Holloway_2021-SAWC-Fall-13-Oct-2021-FINAL.pdf)

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