Evaluation and Management of Sacral Dimples (Pilonidal Dimple)

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- Cutaneous coccygeal and sacral stigmas occur in 4.8% of all children.[1]
- Most sacral dimples that fall within the gluteal crease are healthy.[2]
- The depth of the tract is also probably irrelevant.[3]
- Retrospective study of 5,440 neonates found that only 0.5% of 200 neonates had an abnormal finding with the sacral dimple confirmed by ultrasound (that 1 baby also had abnormal cutaneous findings and cephalad location).[4]

"Simple Dimple Rules" for Sacral Dimples[5,6]

High risk dimples:

1. Larger than 0.5cm in size
2. Located more than 2.5 cm cephalad to the anal verge
3. Associated with overlying cutaneous markers:
    - True hypertrichosis, or hairs within the dimple
    - Skin tags
    - Telangiectasia or hemangioma
    - Subcutaneous mass or lump
    - Apparent aplasia cutis
    - Abnormal pigmentation (Overlying café au lait spots, flammeus nevus, and Mongolian spots are not considered abnormal)[7]
4. Bifurcation (fork) or asymmetry of the superior gluteal crease

Kriss and Desai observed that none of the 207 neonates with a sacral dimple who did not meet any of the first three criteria above, had spinal dysraphism. By contrast, spinal dysraphism was present in 40% of the 20 neonates who met any one or more of the first three criteria.[1]

Albright, a neurosurgeon from Wisconsin, estimated a notably high association ~30% between tethered cord and bifurcated or angulated gluteal cleft.[8]

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[1] Kriss VM, Desai NS. Occult spinal dysraphism in neonates: assessment of high-risk cutaneous stigmata on sonography. *AJR Am J Roentgenol.* 1998;171(6):1687-1692.

[2] Drolet BA. Cutaneous signs of neural tube dysraphism. *Pediatr Clin North Am*. 2000;47(4):813–823

[3] Dias MS. Innocent pits and dermal sinus tracts: an oft-misdiagnosed distinction. *AAP News*. 2010;31(7):39.

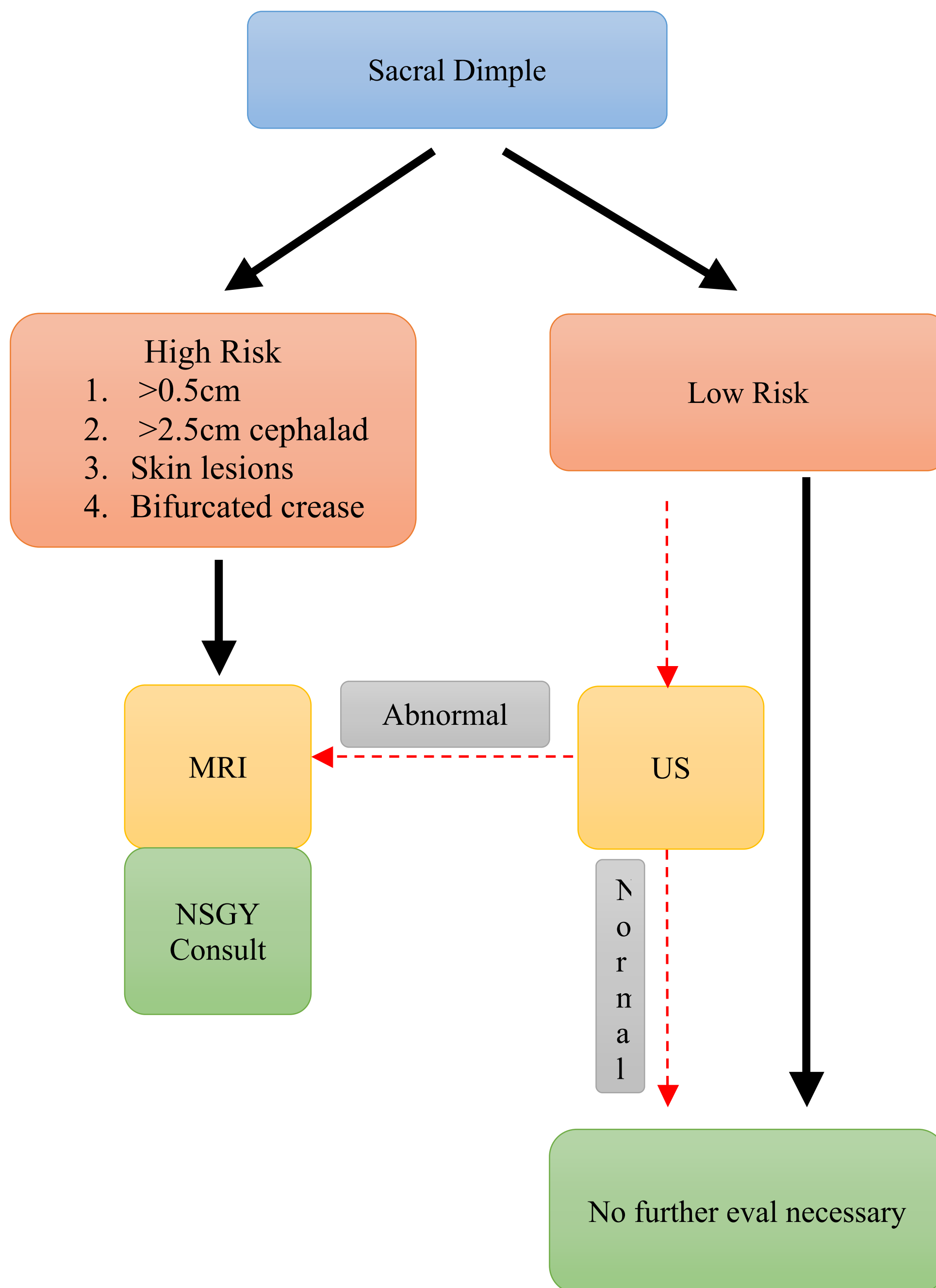
[4] Lee ACW, Kwong NS, Wong YC. Management of sacral dimples detected on routine newborn examination: a case series and review. *HK J Paediatr*. 2007;12:93–95.

[5] Higgins JC, Axelsen F. Simple dimple rule for sacral dimples. *Am Fam Physician*. 2002;65(12):2435.

[6] Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia, PA: Elsevier Saunders; 2011.

[7] Paller AS, Mancini AJ. *Hurwitz Clinical Pediatric Dermatology*. 4th ed. Edinburgh: Elsevier Saunders;2011

[8] Albright L. Which lower spinal dimples are worrisome. Letter to the editor. *Consultant for Pediatrician*. 2009;2:39.



"High Risk" sacral dimples should be evaluated by MRI and Neurosurgeon
"Low Risk" dimples generally do not warrant imaging or consultation
"Low Risk" dimples that otherwise concern the clinician may be evaluated by US first then MRI if warranted