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MANAGEMENT OF RECURRENT PILONIDAL SINUS BY EXCISION FOLLOWED BY KSHARKARMA–A CASE REPORT

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ABSTRACT

Background: Pilonidal sinus is a commonly encountered chronic suppurative condition leading to morbidity. Seen dominantly in males, usually between the age group of 15 to 30 years. It presents acutely as an abscess and in chronic condition intermittent pus discharge. Diagnosis usually with clinical and ultrasonography. Several operative procedures have been described to manage this condition. In the majority of cases, the treatment option is surgical. Wide excision followed by primary or secondary intention of wound healing. Even after that, there is a recurrence. In this article, I have treated recurrent pilo-nidal sinus by wide excision followed by kshara karma. Now the wound is completely healed with no evidence of recurrence. **Objective**: Management of recurrent pilonidal sinus with *chedana* and *Ksharakarma.* **Materials and methods**: The subject presented with the complaint of swelling, pain and pus discharge, Diagnosed as pilo-nidal sinus. The methodology adopted- is excision of the sinus followed by kshara karma. Observed for signs of recurrence. **Results**: Clinically symptoms like pain, swelling, and pus discharge were completely reduced. On examination wound completely healed. No signs of reoccurrence. **Conclusion**: Adopted Ayurvedic treatment has given promising results in the management of recurrent pilonidal sinus.

Keywords: Pilo-nidal, sinus, excision, kshara karma

INTRODUCTION

Pilo-nidal disease was originally described by Herbert Mayo in 1833 as a congenital condition with the term pilo-nidal derived from the Latin word nest of hairs[1]. Pilo- nidal sinus present as an opening in the sacral region in between the natal cleft. Characterized by pain, swelling on and off pus discharge. Here the cause of sinus is tuft of hairs. While sitting because of friction hairs broken off by collect in the cleft[2], which enter deep to the skin often causes purulent discharge with pouting granulation. There is a cavity deep in the skin and contains unhealthy granulation, hairs and debris. Pilo-nidal the word contains pilus+ nidal. Pilus refers to nest of hairs nidal means nidus/cavity[3]. This type of sinus is lined by stratified squamous epithelium. The sinus extends into the subcutaneous tissue. Tuft of hair is always seen within such sinus embedded in granulation tissue.[4] pilonidal sinus is usually presented by males during third decade in hairy bodies. Rarely seen in people over 40 years of age. Common in males than females in the ratio of approximately 6:1[5]. Sedentary lifestyle and food habits also contribute to disease incidence. Typically,patients are presents with chronic sinus about the level of first piece of coccyx. The patient complains of blood-stained foul discharge from the sinus. There may be secondary openings on either side of the midline or a little away from the main sinus. Pain and tenderness are often associated due to recurrent infection. Recurrent inflammation with purulent discharge affects quality of life. In Ayurveda on symptomatology can be compared with Nadivrana.[6] Acharya Sushrutha being pioneer of surgery explained nadivrana and its management in different dimensions through chedana, Ksharasutra, ksharavarti, Ksharakarma. Kshara karma is a unique procedure. It does lekhana, Vishesh kriya. In this case Kshara karma is adopted to treat recurrent pilo nidal sinus.[7] One of the common complications is recurrence. This is mostly due to inadequate excision of sinus, entry of hairs into the scar of the skin or unexplored ramifications. Selection of inappropriate operative technique or inadequate post operative care are the main causes of recurrence. Treated always in surgical discipline. Wide excision must be performed after controlling the infection. Excision of all the sinuses with ramifications in quiescent stage since sinuses may have ramifications which may be left behind.[8]**DISEASE BURDEN:** Pilo nidal sinus presents a significant disease burden worldwide. This affects the middle-aged male population. The incidence of the disease is calculated to be 26 per 100,000 people. It occurs 2.2 times more often in men than women.

CASE STUDY:

PATIENT INFORMATION AND CLINICAL FINDINGS

History:

A 24-year male patient complaining of boil in the natal cleft, which was causing pain, discomfort, pus discharge for 2 years, associated with low back pain when there is active pus discharge. Pus discharge was on and off. Examination conducted in lateral position (fig no 1). Findings were- boil in the natal cleft, tenderness over the swelling, local raised temperature. During episodes of pus collection Patient use to take anti-inflammatory medicines. Routine preoperative investigations were found within normal limits. On clinical examination condition was diagnosed as pilonidal sinus which is considered as Nadivrana in ayurveda symptomatically.

TIMELINE:

Subject developed complaints of pus discharge, pain in the natal cleft 2 years before. Patient operated by excision method for the same condition but again it recurred. Recurrent pus discharge with pain subject consulted our hospital. On examination and history condition diagnosed as recurrent Pilo-nidal sinus.

DIAGNOSIS:

Clinical examination conducted in left lateral position (fig no 1). There was a boil at natal cleft with unhealthy granulation, visible pus discharge. By signs and symptoms, it was diagnosed as Pilo-nidal sinus.

THERAPAETIC INTERVENTION:

PRE-OPERATIVE:

Subject posted for excision of Pilo-nidal sinus followed by kshara karma under spinal Anesthesia.

Written informed consent was taken. Part preparation was done. Test dose of Lignocaine 2% Inj, Inj TT was given.

Anesthetist : Visiting Anesthetist Dr. Maragi senior anesthetist in Gadag

Type of Anesthesia: Spinal Anesthesia.

OPERATIVE PROCEDURE:

Under all aseptic precautions the patientwas taken to the operation theater. The position of the patient was left lateral position. After doing the probing and tracing the tract, Methalene blue dye was injected through external opening. Gently mosquito artery forceps were inserted into the external opening. The tract was dilated throughout the length of sinus. Then elliptical incision is made by making the sinus opening at the center (figure no 1). Gradually the incision is deepened. The excision was made to excise unhealthy fibrous tissue along with sinus tract. The ramifications of sinus were also well curetted. Then homeostasis was achieved.

KSHARA KARMA:

Teekshanaapamargaksharawas applied on the floor of the wound. (Fig no 2) for 100matrakala. The color of the wound floor was turned into pakwajamboophala (dark blue color) (fig no 2). Then the ksharawas wiped with nimbuswarasa. Then the homeostasis was achieved. The tight Bandaging was done. Patient shifted to post operative ward.

POST OPERATIVE:

Bandage was changed- cleaned the wound with antiseptic solutions on every alternate day. Continued oral medications. Advised rest, hygiene and diet.

FOLLOW UP AND OUTCOME:

In follow up on every alternate day bandaging was changed. After 10 days the pain and discomfort reduced. There was good granulation observed on the 2nd week on floor of the ulcer(fig no 3). The woundwas completely healed after 40 days without any complications (fig no 4).

DISCUSSION

Pilonidal sinus is commonly seen clinical condition, where subject presents with boil at natel cleft with pain and pus discharge. Often causes distress to the patients. Predominantly seen in males with hairy body. Because of friction hairs become uprooted and enter deep to the skin. So only this condition also known as jeep driver's disease. In this case the subject is presented with pain, swelling and active pus discharge associated with fever, difficulty to sit condition. Examined and diagnosed as Pilo-nidal sinus. This case operated for excision of sinus and unhealthy granulation tissue followed by Kshara karma. Sinus develops because of foreign body or unhealthy granulation which is embedded deep to the skin and often causes pus discharge and pain to the patient. In this condition hairs are the foreign body causing Pilonidal sinus. Always hairy people are the victim dominantly in males. Pilo-nidal sinus is always treated in surgical discipline. Excision of the sinus healing with secondary intention is the plan of treatment. Primary intention wound healing like Z plasty may heal faster but there is a chance of recurrence. As there is a recurrence of the condition even after wide excision and secondary intention of wound healing. Ksharakarma helps in the prevention of recurrence by separating and destroying fibrous tissue and slough. The important thing is ramification in the cavities are burnt with kshara karma thus helping in the prevention of recurrence.

Advantages of Add therapy- kshara karma:

1) Prevents recurrence.
2) As kshara is teekshna it does Lekahana karma of fibrous and unhealthy granulation chemical cauterization.
3) Faster healing may be achieved by separation unhealthy granulation.
4) Ramifications cleared when kshara karma is done.

Disadvantages:

1. Secondary wound healing required prompt dressing for a longer period.
2. Pain and Hemorrhage in postoperative days.

Thus, it is concluded that pilo-nidal sinus excision followed by kshara karma may delay wound healing but prevent recurrence.

CONCLUSION

Pilo-nidal sinus is a condition where patients are present with boil with often pus discharge causing difficulty in day-to-day activities. Hairs over the natal cleft enter deep into the skin because of friction, becoming fore in the body causes pilonidal sinus. Though Excision is the ultimate treatment, recurrence is common. So, one can better plan for excision of the sinus followed by 2 sittings of kshara karma may prevent recurrence. In this case, report as it is chronic one with many ramifications, we have done kshara karma after excision has shown better healing and prevented recurrence.

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PHOTO DOCUMENTATION

Fig no 1 clinical examination and incision

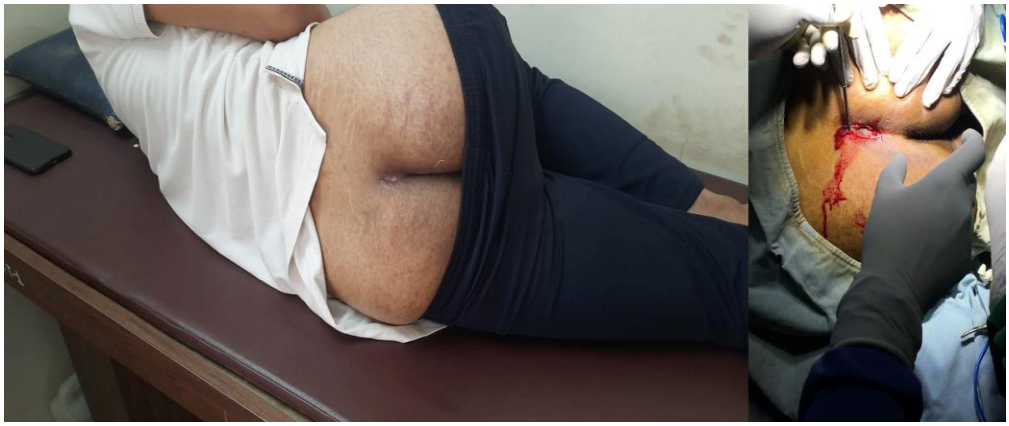

Fig no 2 kshara karma

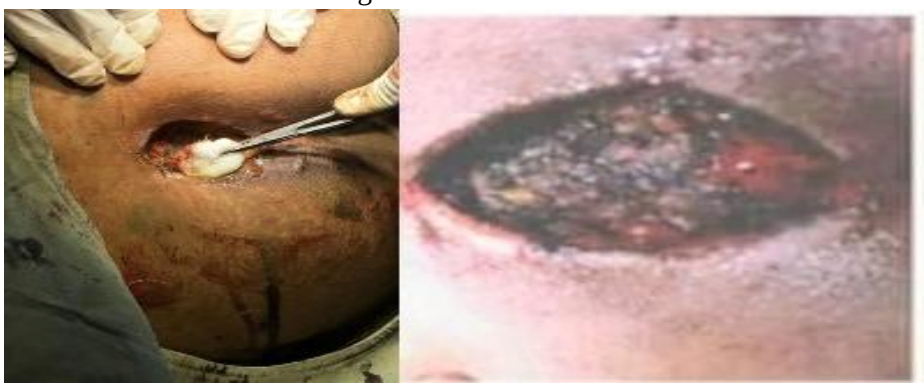

Fig no 3 Cleaning the wound with nimbuswarasa.

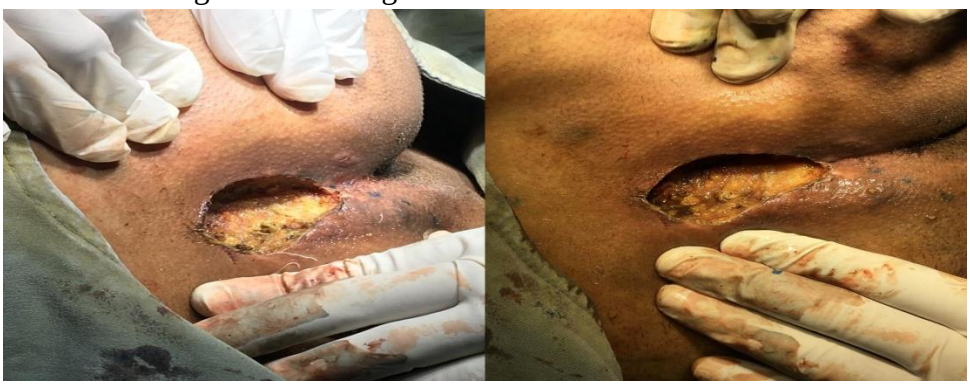

Fig no 4-wound healing with granulation and scar