

Management Of Pilonidal Sinus With Ksharasutra – Case Study

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ABSTRACT

Pilonidal sinus is a chronic condition consisting of an opening or series of opening, situated in midgluteal cleft at postnatal region. Sometimes they are so small that they barely admit a fine lacrimal probe, but usually of matchstick size. Prolong sitting, presence of deep natal cleft, obesity, repeated irritation due to hair, family history may increase the risk of disease. In Ayurvedic science Acharya Sushruta mentioned eight types of sinuses as Nadivrana. Among these pilonidal sinus can be considered under Shalya nadivrana (sinus due to foreign body). Ksharasutra is a kind of thread coated with caustic material prepared by ash of certain medicinal plant, minerals, latex etc. Sushruta described Ksharasutra in the management of sinus. A case of pilonidal sinus in 22yr old male patient was thoroughly examined and treated with Ksharasutra therapy. Bulk of hairs were expelled out during procedure. Ksharasutra is an ideal procedure to be adopted for the management of sinus tract for not only it destroys the fibrous wall of the track but also helps in its curettage. A complete cure of disease achieved in 60 days with minimum scar formation. No recurrence and any complaint were found in the patient during the follow up period of 3 months. The detail description with subsequent photography will help to understand the procedure.

KEYWORDS: Pilonidal sinus, Sushruta, Shalya, Nadivrana, Ksharasutra.

INTRODUCTION

Pilonidal sinus was previously referred to as Jeep disease when it was noticed among American soldiers driving the eponymous vehicles World War 2. It was first described by Anderson in 1847 in a paper entitled 'Hair extracted from an ulcer'. Warren 1854 reported an 'Abscess containing hair on the nates' and Hodges in 1880 coined for it the expressive term pilonidal sinus (L. pilus=hair, nidus=nest).[1] Pilonidal sinuses usually occurs in the post-anal region but they may be found in finger web space (barber), axilla, the perineum in the umbilicus and on the occiput. The most important predisposing factors for the development of pilonidal sinus are the existence of a deep natal cleft and the presence of hair with the cleft. A deep natal cleft is a favorable atmosphere for maceration, sweating, bacterial contamination and penetration of hairs. Thus, for treatment and prevention, these causative factors must be eliminated.[2,3] In Ayurveda Acharya Sushruta described sinuses under the heading of nadivrana.[4] As

in Sushruta Samhita the description of Shalya Nadivrana is a tract where foreign body lodge inside i.e. due to presence of hair, pus, necrosed tissue etc holds to discharge and continues pain. So, we can see the similarity between Shalya Nadivrana and Pilonidal sinus. For that Sushruta has given very unique, minimal invasive treatment i.e. Ksharasutra in Nadivranawhich is not only minimizes complications and recurrence but also facilitates early working with less discomfort. In modern, the commonly used surgical technique for this disease is excision, primary closure and excision with reconstructive flap, i.e. is closed by 'Z' plasty. However, patients require longer hospitalization, the risk of recurrence and infection of wound. So, Ksharasutra therapy reduces inflammation minimizes the rate of complications.

CASE REPORT

Gender: Male Age; 22yrs

Chief complaints: Patient complains of a small opening at sacro-coccygeal region since 1 month along with pus discharge from that opening.

H/O Present illness: Patient was said to be apparently healthy before 1 month. Then gradually he started a complaint of presence of small boil over the sacro-coccygeal region and pus discharge from the opening, and on and off fever. There is pain and redness over the sacro-coccygeal region. So, he came to our hospital for further management.

H/O past illness- no previous h/o any other severe illness.

General Examination

- CVS-S1S2 Heard
- Pulse- GC-moderate
- 82/min, BP-120/80mmhg
- RS-B/L Air entry clear
- Digestive system- Appetite-Normal, Bowel- Normal
- Urogenital system-NAD

On Local Examination

- ☐ A small sinus near sacro-coccygeal region
- ☐ Pus discharge through opening
- ☐ Tenderness++
- ☐ Swelling (mild)

Preparation of Kshara Sutra

Snuhi Ksheera = 11 coating

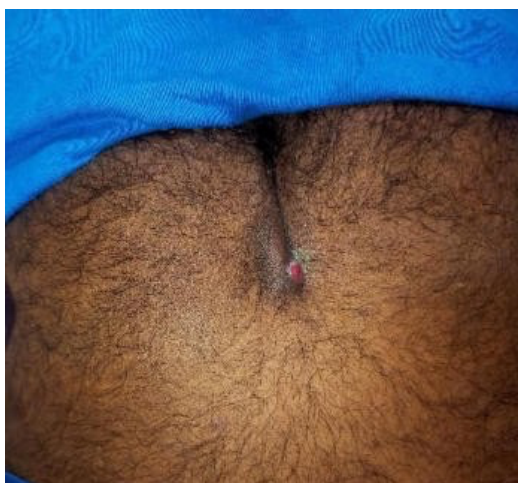
Snuhi + Apamarga Kshara = 7 coating Snuhi + Haridra Churna = 3 coating

This was prepared in the hospital using barbour's linen thread No. 20, one coating was applied each day and kept for drying in Ksharasutra cabinet. In this way, a thread has total of 21 coatings

of Snuhi latex, 7 coatings of ApamargaKshara and 3 coating of Haridra powder. After 21 coatings are completed, each thread measuring about 10-11 inches should cut away from the hanger and sealed in glass tube or polythene pack. As a pre-operative measure patient is advice for routine investigations like CBP, CT, BT, RBS, HIV, HbSAg, complete urine examination. When all reports are found within normal limits, then consent was taken from the patient and posted for the Ksharasutra application.

Pre-operative

Ksharasutraprepared withApamarga as per standard protocol was used. Before application of Ksharasutra, part preparation was done. Followed by inj. T. T. 0.5ml and plain 2% xylocaine test dose were given.



FIRST DAY



BUNCH OF HAIRS

Operative Procedure

Patient was taken in prone position on table and after proper cleaning and drapping local anesthesia with 2% xylocaine was infiltrate nearby opening and in gluteal cleft. Probing was done through sinus in the direction of small track up to the end of 3.5cm and the embedded hair follicles were removed out. The Ksharasutra was tied covering the entire track for simultaneous cutting and healing. Wound is dressed with yashtimadhtail.



PROBING



KSHARA SUTRA

Post-operative

Patient is advice to take warm sitz bath daily. Orally triphala Guggulu, Gandhaka Rasayan, Arogya Vardhini Vati, BD were prescribed.



TRACK HEALED

Followup

Ask the patient to come every week for changing the Ksharasutra thread. The changed thread promotes healing, reduces pain, and inflammation. After 5 sittings tract was totally cut through and healing was achieved simultaneously.

OBSERVATION

The initial length of track was 3.5cm. Which got cut through in 1 month. After cut through of the track patient was followed up for 1 and half months weekly. No signs and symptoms of recurrence were observed.

CONCLUSION

This Ksharasutra therapy is satisfactory in the management of Pilonidal sinus. It's not only cures the track but also minimizes rate of complication, recurrence and enables the patient to work and participate in normal social activities within short span of time. It is good therapy in terms of cost treatment.

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