



# A SINGLE CASE STUDY ON THE SUCCESSFUL INTEGRATED APPROACH ON THE TREATMENT OF PILONIDAL SINUS

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## ABSTRACT

Pilonidal sinus is the disease commonly seen in young men.It is usually seen as a small opening in the sacro coccygeal region or natal cleft preceded by a pimple.If it is not infected then can go for conservative management but once its infected ,pain and pus discharge starts t surgical management is the only option.Here we report a case of a male aged 32 yrs who had a small opening in the natal cleft with pain and pus discharge.He was admitted in our hospital and it was managed surgically with wide excision followed by ksharalepa.It was successfully managed with daily dressings with the medicated oil jathyadi taila.

Keywords-Pilonidal sinus,Shalyaja Nadivrana,Ksharalepa

## INTRODUCTION

Pilonidal sinus is the disease which is most commonly seen in young men between the age of 20 and 30. Pilonidal sinus is common surgical condition seen in our clinical practice .It has an incidence rate of 26 per 100,000 individuals predominantly in males at a ratio of 3-4:1<sup>1</sup>. It is a track which commonly contains

tuft of hair and occurs under the skin in the natal cleft. The occurrence is found to be more in young hairy adult male. Sushruta Samhita, describes a condition Shalyaja Naadi Vrana<sup>2</sup>, which is a type of Nadivrana caused due to foreign body

## CLINICAL FEATURES

### Pilonidal disease

Pilonidal disease is a chronic skin infection in the natal cleft. People who are overweight and who have thick, stiff body hair are more likely to develop pilonidal disease. This hair can traumatize and penetrate the skin at the natal cleft.

Hair can get caught under the skin in this area. This can result in irritation, infection and formation of an abscess. When Abscess is left untreated it can lead to Pilonidal

Sinus.

### Pilonidal Sinus

PILUS=Hair

NIDUS=Nest

Pilonidal- Nest of hair

Sinus is a blind track lined by granulation tissue leading from an epithelial surface into the surrounding tissues<sup>3</sup>

Pilonidal Sinus<sup>4</sup> is epithelium lined tract, situated short distance behind the anus containing hairs and unhealthy granulation tissue. It is due to penetration of hair through skin into subcutaneous tissue. Forms granuloma /unhealthy granulation tissue in deeper plane. It is of infective origin and occurs in sacral region between buttocks, umbilicus, axilla, inter digital cleft. Common in jeep drivers and hence referred as "JEEP DISEASE".

### PATHOLOGY<sup>5</sup>

Hair Penetrates the Skin



Dermatitis



Infection



Pustule Formation



Sinus Formation



Hair get sucked into the sinus by the negative pressure in the area



Further irritation and granulation tissue formation



Pus forms



Multiple discharging sinus

## CLINICAL SYMPTOMS <sup>5</sup>

Discharge (Sero sanguinous/purulent)

Pain throbbing or persistent type

A tender swelling seen just above the coccyx in midline(primary sinus)and on either sides of midline(secondary sinus)

Tuft of hairs may be seen in the opening of sinus.

## CASE REPORT

Here we are presenting a case of a man of age 32 years who was complaining of a small opening in the natal cleft with pain and pus discharge for past 2 weeks. He is unaware of its presence before that.

### HISTORY OF PRESENT ILLNESS

As per the patient he was apparently healthy before 2 weeks. Later he started developing pain while sitting and noticed pus discharge. This started hindering his daily activities .He approached our hospital for further management.

### HISTORY OF PAST ILLNESS

N/K/C/O T2DM/HTN/IHD/COPD/Thyroid dysfunction

No history of previous illness

### FAMILY HISTORY

Nothing significant

### PERSONAL HISTORY

He was a non vegetarian

Mutra-4-5 times a day

Mala-once in a day

### GENERAL EXAMINATION

Built-Moderate

Appearance-Normal

Temperature-97.7 F

PR -68 B/M

B.P-120/88 mm Hg

Nourishment-Moderate

No evidence of pallor/icterus/cyanosis/edema/clubbing



## SYSTEMIC EXAMINATION

## C.N.S

Higher mental function test:

Conscious, well oriented with time, place, person.

Memory: Recent and remote : Intact

Intelligence: Intact

Hallucination/Delusion/Speech Disturbance : Absent

Cranial nerve/Sensory nerve/Motor system: Normal

Gait : Normal

## C.V.S

Inspection: No scar/pigmentation found

Auscultation: S1 and S2 heard

Percussion: Normal resonant sound

## R.S

Inspection: B/L Symmetrical

Palpation: Trachea is centrally placed, Non tender

Auscultation: Normal peristaltic sound heard (4/m)

Percussion: Normal resonant sound heard over abdomen

Local Examination/Examination of Pilonidal Sinus

On inspection on natal cleft

Site-Midline on the natal cleft over the lowest part of sacrum and coccyx

No. of openings-One

Secondary openings-Absent

Bleeding – Absent

Discharge of pus-Present

Skin around the opening-Reddish in colour

On Palpation on natal cleft

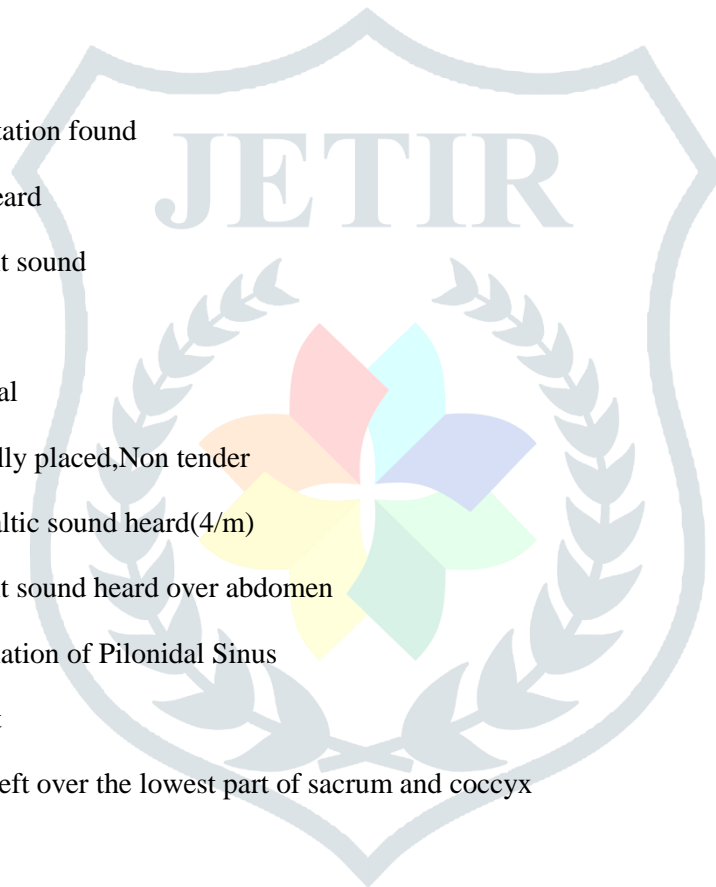
Tenderness – Present

## INVESTIGATIONS DONE

All blood urine routine tests were performed . Apart from ESR all fell within normal limits.

Mantoux test was negative

ESR - 25mm/Hour



## Differential Diagnosis

Fistula in Ano  
Hidradenitis Suppurativa  
Tuberculosis  
Perianal Abscess  
Osteomyelitis  
Bed sore          Pilonidal

## Sinus

Diagnosis Pilonidal sinus/Shalyaja nadvirana <sup>2,6,7</sup>

Treatment Planned: Wide excision followed by ksharalepa <sup>8</sup>

## OPERATIVE PROCEDURE

## PRE OPERATIVE

Informed consent was taken.

Nil by mouth 4 hours prior to surgery

Part preparation was done on the day of surgery.

Injection tetanus toxoid 0.5 ml given IM

Test dose of the anaesthetic drug 0.5 ml given subcutaneously

Enema given on the day of surgery to clear the bowel.

IV fluids started to be given 1 hour prior the surgery.

## OPERATIVE PROCEDURE

Under all aseptic precautions patient was shifted to OT.

Under spinal anaesthesia patient is made to lie in prone position.

The patients buttock is abducted on to the sides of the operative table using adhesive plasters.

The external opening was probed and the underlying deep fascia below the tract is widely excised using cautery electrode avoiding the chance of secondary sinus openings .

Capillaries and bleeding spots coagulated then and there.

The entire area of muscle around probed area is excised .

Later kshara is applied and waited for 1 minute.

Lemon juice wash <sup>9</sup> was given later.

Followed by betadiene and hydrogen peroxide wash.

Packed with the gauze pieces dipped in jatyadi taila.

Covered with cotton pad and plastered.

Catheterisation done.

## POST OPERATIVE PROCEDURES

Patient shifted to Post OT room.

Vitals were monitored hourly

Patient was kept under observation for 24 hours later shifted to his room followed by decatheterisation.

## ORAL MEDICATION

Triphala Guggulu- 1-1-1

Gandhaka rasayana1-1-1

Agnitundi Vati 1-1-1

Daily dressing with Jatyadi taila

## ADVICE ON DISCHARGE

Triphala Guggulu -1-1-1

Gandhaka rasayana 1-1-1

Agnitundi Vati 1-1-1

## FOLLOW UP AFTER SURGERY

Avoid sitting for long hours.

Avoid doing strenuous activities. Have light easy to

digest homely foods

Avoid Junk food.

## DISCUSSION

Acharya Susruta had mentioned Baala as one of the Salyas. Shalyaja Nadivrana is one among the nadivrana which is caused due to any foreign body. Since the pilonidal sinus is caused due to the tuft of hair in the natal cleft and it forms a sinus, it can be correlated to Shalyaja nadivrana. The treatment procedures mentioned for Shalyaja nadivrana include Eshana, Bhedana, Aaharana and Ropana. Ksharasutra mentioned in our classics can be used if the hair is in the track and the track lies subcutaneously. But if the hair lies in the ramification then ksharasutra fails. In such condition wide excision is a better option. Although there are many techniques for the management of Pilonidal sinus, recurrence rates are high. Performing wide excision along with proper wound care and Ayurvedic medicine help to reduce the recurrence rate.

## CONCLUSION

Shalyaja Nadivrana which is described in our classics persist till date. The occurrence of pilonidal sinus can be prevented along with the lifestyle changes and creating awareness. An integrated approach of Wide excision with Ksharalepa has given good result without recurrence and it has been proved till date.



IMAGE 1 (PRE OPERATIVE)



IMAGE 2 (PROBING)

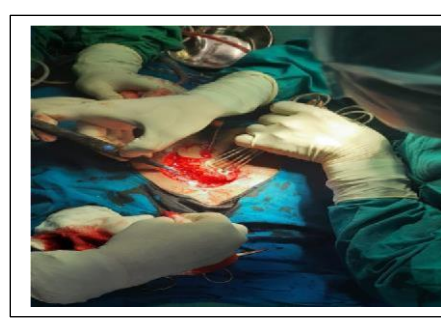


IMAGE 3(EXCISING)



IMAGE 4 (AFTER EXCISION)



IMAGE 5 (KSHARA LEPA)



IMAGE 6(PACKING AFTER SURGERY)

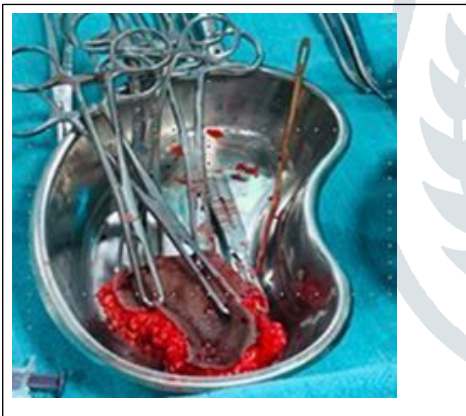


IMAGE 7 (EXCISED PART)



IMAGE 8 (HEALED WOUND)

## REFERENCES

1. Koyfman, A.L.E.X. Pilonidal Cyst and Sinus. Medscape. Weblog. [Online] Available from: <https://emedicine.medscape.com/article/788127> [Accessed 15 November 2022].
2. K.R, S.R.I.K.A.N.T.H.A.M.U.R.T.H.Y. Illustrated Susruta Samhita. (Reprint edition ed.). India: Chaukhambha orientalia; 2017 Pg no-529.
3. Bhat, S.R.I.R.A.M. SRB' s Manual of Surgery. (6 th ed.). NewDelhi: Jaypee Brothers Medical Publishers; 2021.pg 30
4. Bhat, S.R.I.R.A.M. SRB' s Manual of Surgery. (6 th ed.). NewDelhi: Jaypee Brothers Medical Publishers; 2021.pg 958

5. Bhat, S.R.I.R.A.M. SRB' s Manual of Surgery. (6 th ed.). NewDelhi: Jaypee Brothers Medical Publishers; 2021.pg 959
6. Janardhanan pillai, S. Madhavanidanam. (Reprint edition ed.). Kodungallor: Devi Book Stall; 2008.
7. Srikantha, P.R.O.F.K.R. Vagbhata 's Ashtanga hrdayam Vol 3. (Reprint edition ed.). Varanasi: Chaukhambha krishnadas Academy; Reprint Pg.No279.
8. K.R, S.R.I.K.A.N.T.H.A.M.U.R.T.H.Y. Illustrated Susruta Samhita. (Reprint edition ed.). India: Chaukhambha orientalia; 2017 pg no-64
9. K.R, S.R.I.K.A.N.T.H.A.M.U.R.T.H.Y. Illustrated Susruta Samhita. (Reprint edition ed.). India: Chaukhambha orientalia; 2017 pg no -68
10. K.R, S.R.I.K.A.N.T.H.A.M.U.R.T.H.Y. Sarngadhara Samhita. (Reprint edition ed.). India: Chaukhambha orientalia.

