



Pilonidal Sinus W.S.R *Nadivrana*: A Case Report

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Abstract

Pilonidal sinus is one of the common surgical condition seen in our clinical practice. It has an incidence rate of 26 per 100,000 individuals with an occurrence rate of ratio 4:1 in male :female ratio. 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 male adults. Sushruta Samhita, describes Shalyaja Naadi Vrana, which is a subdivision of Nadivrana caused due to foreign body. Here an attempt has been made to understand the concept of both Pilonidal sinus, Nadivrana and its management. Increased inflow of recurrent and new cases of pilonidal sinus to the Shalya Tantra OPD has led to the discussion on this topic to create an awareness and understanding of the same.

Keywords: Pilonidal sinus, Nadivrana, Wide excision.

Introduction

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.

ETYMOLOGY:¹

PILUS=Hair

NIDUS=Nest

Nest of hair

A sinus cavity which contains tuft of hair

Sinus is a blind track lined by granulation tissue leading from an epithelial surface into the surrounding tissues

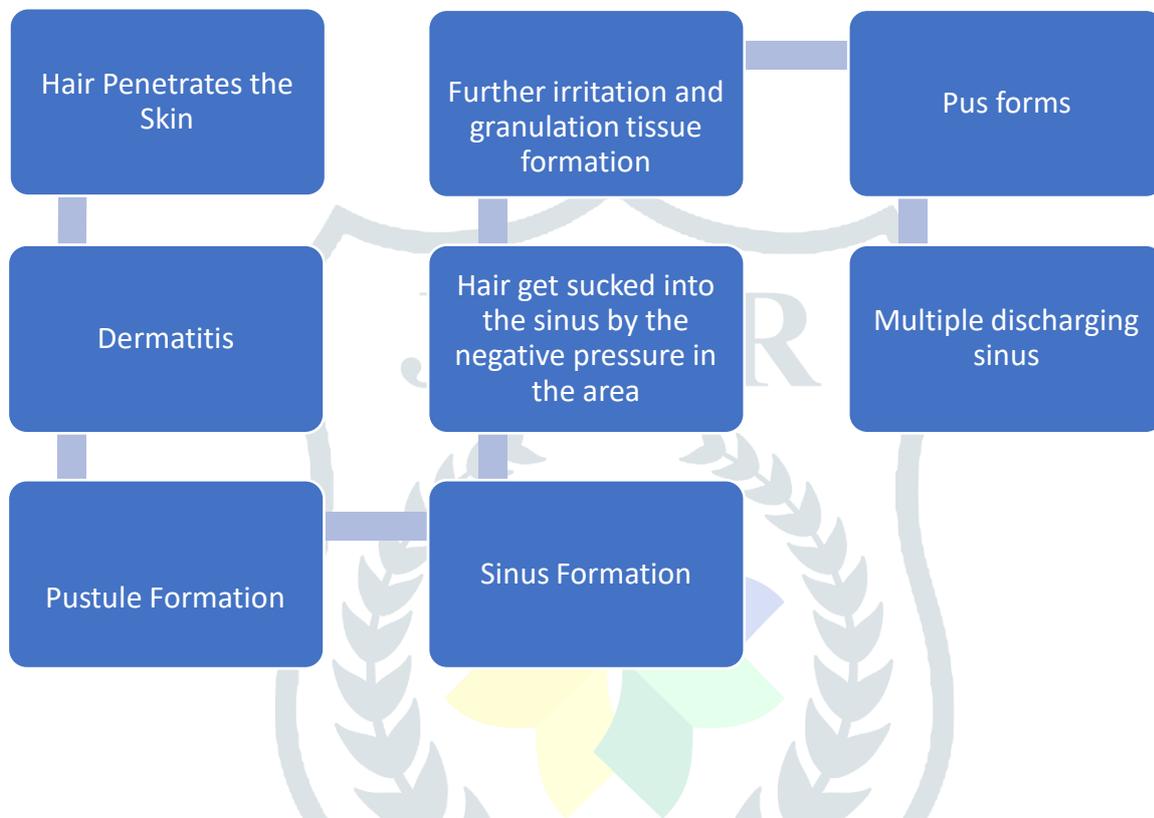
PILONIDAL SINUS

It is Epithelium lined tract, situated short distance behind the anus containing hairs and unhealthy granulation tissue². It is due to penetration of hair through skin into subcutaneous tissue. It is of infective origin and occurs in sacral region between buttocks, umbilicus, axilla. Common in jeep drivers and hence referred as "JEEP DISEASE".³

- Common etiology are: Prolonged sitting, Profuse sweating, Sedentary lifestyle, Young, Obese Male Dark and stiff hairs, Improper hygiene etc. Common Occupations are :Jeep Drivers(Autologous), Bird keeper / sheep keeper(Animal hair), Barber(Customer hair) .

Pathology:

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Case Report

A 28-year-old male patient came to Shalya tantra OPD at Ashwini Ayurvedic Medical College and hospital, Davanagere with complaint of severe pain, mild discharge and small nodule in between and upper portion of natal cleft since 8 days. He also gives history of same complaints 5 yrs back and was operated for the same. On local examination, we found scar mark of 'Z'Plasty and small sinus in between the buttocks (natal cleft), the patient was hairy and moderately built. The sinus was cleaned with an antiseptic solution and probing done. The track was directed upward towards the sacrum about 3.5 cm.

Earlier patient consulted Modern surgeon, and advised for 'Z'Plasty Procedure. Again after 5 years patient complaints same and hence approached our hospital. Before planning this procedure other aetiologies like TB, HIV, HbSAg, DM were ruled out.

After all investigations and Lignocaine test dose, patient was shifted to Major OT. Under spinal anaesthesia the probe was inserted from sinus in the direction of its track up to the end about 2cm, later wide excision was done in elliptical shape along with the track. After excision *Apamarga khara lepa* was done to prevent reoccurrence and for haemostasis.

Patient was asked to come for dressing on alternate days, Sitz bath with Luke warm water and *Panchavalkala Kashaya .Jatyadi taila* was advised for dressing. To reduce pain and inflammation oral antibiotics and anti-

inflammatory drugs were also prescribed. The sinus track cut through and healed simultaneously by 4 weeks. After complete healing of the track. Later patient was advised to keep the part free of hairs and maintain local hygiene



Discussion

Acharya Susrutha had mentioned Baala as of the foreign bodies. 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 includes Eshana, bhedana, aaharana and shodhana. The impacted shalya should be removed so before that the sinus should be probed, incised, foreign body extracted and tract cleaned. Pilonidal sinus has a recurrence rate of approximately 7.2%. The most predominant factors associated with recurrence are prolonged sitting job, young age group.

As the lifestyle and eating habits of the young generation changes the tendency of the human body to cause disease also increases. Acharya Susrutha had mentioned a different and unique treatment modality called Ksharasutra which is a medicated thread passed through the tract after removal of the Shalyaja substance inside. Apart from this Ksharasutra procedure Ayurveda also has the treatment modalities like Varti and usage of taila. In contemporary system of medicine there are conservative and surgical methods like laser, flap methods, wide excision etc. Among all these procedures many are known for their recurrence rate, scar formation and wound dehiscence. The suitable treatment for pilonidal sinus depends on the discretion of the surgeon considering the recurrence rate and suitability to patient.

Conclusion

In the contemporary methods the multitude of surgical procedures advocated to eradicate pilonidal disease, combined with the lack of prospective trials, attests to lack of overall superiority of one method over the others. Time spent off work and perceived recurrence rates, but more usually surgeon preference, influence the choice of method. It includes the excision of all tracks with or without primary closure, the excision of all tracks then closure by some other means designed to avoid a midline wound.

As per the contemporary system of medicine the search for an ideal surgical treatment modality for pilonidal sinus is still on going, the most essential characteristic being tension free healing. But while dealing with the recurrence causes of pilonidal sinus there is persistence of midline wound caused by shearing forces and scarring. A re excision and revisional surgery can be avoided by initially doing a wide excision. Though it takes a long time to heal we can assure the patient "no recurrence". An integrated approach of wide excision with kshara lepa and or agnikarma has given good results without recurrence. The Ksharasutra usage which is a minimally invasive treatment also can be used if the track lies subcutaneously.

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