



A Case Study On Pilonidal sinus

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Abstract

Pilonidal sinus is epithelium lined tract, situated short distance behind the anus, Containing hair, and unhealthy diseased granulation tissue [1]. we present a 32 year old man who had a history of re-current pus discharge and swelling in the gluteal region of about 1 year duration. Diagnosis was made of pilonidal sinus . As in sushruta samhita Acharya Sushruta described shalya janya nadi vrana due to foreign body like throne etc on entering the skin and muscles cause damage leading to formation of pus cavity and disappear the tract formed by such foreign substance is called shalya janya nadi varan and advised kshara sutra for shalya janya nadvrana ,hence Kshara sutra therapy should be done in this case. .

Keywords- Pilonidal Sinus, Nadi Vrana , Kshara sutra

Introduction

Pilonidal sinus means nest of hairs also called as jeep driver's disease appears as single or multiple openings, more common in hairy men . Pilonidal sinus was first described by Hodges in 1880) occurs in the cleavage between the buttocks (natal cleft) and can cause discomfort, embarrassment and absence from work for thousands of young people (mostly men) annually The disease is calculated to be 26 per 1000 number of people. It occur 22 times more often in men than in women age at presentation is 21 years for men and 19 years for women. [2]

Case Report

A 32 year old male patient came to OPD of Shalya Tantra at PLRD Hospital Khurja, Bulandshahr. The Complaint of the patient is severe pain and pus discharge from the anal verge since 15 days.

On **examination** swelling with pus discharge and a small sinus in between the natal cleft. So diagnosis is made of Pilonidal sinus. The sinus is cleaned with betadine solution and probing done.

The track was directed upward towards the sacrum about 2cm. so we explained patient about **Kshara Sutra** [3] treatment and patient agree for the treatment.

INVESTIGATION

Before the procedure all blood investigation advise.

- ❖ CBC RBS, CT, BT, PT-INR, Blood Group
- ❖ HBsAg, HCV, HIV.
- ❖ MRI
- ❖ Fistulogram is advised.

PRE OPERATIVE NOTES

- ❖ Npo
- ❖ Consent to be taken
- ❖ Part preparation to be done
- ❖ Enema to be given.
- ❖ Xylocaine sensitivity test to be done.

OPERATIVE NOTES

Painting and drapping done. Under aseptic precautions 2% loc inj infiltration done at gluteal cleft. Probing done into the tract from one opening to another, kshar sutra is ligated . cleaning done followed by betadine is syringed into the tract. Packing and dressing done, haemostat attained , patient stable and shifted to post operative ward .

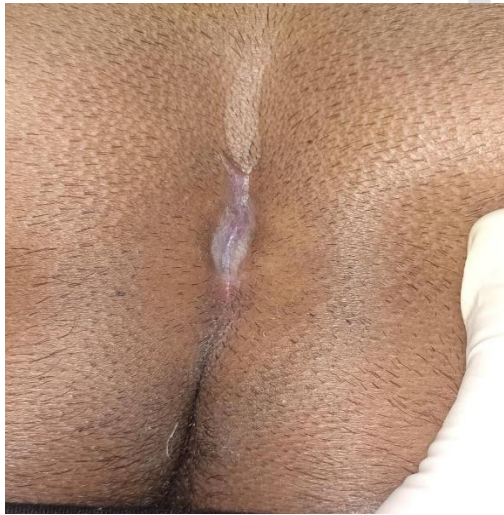
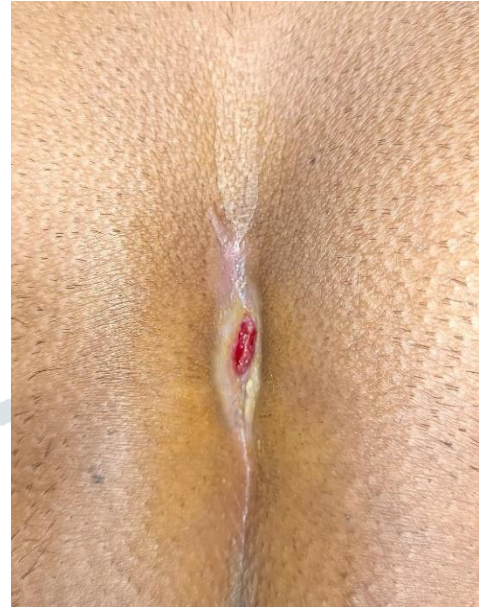
POST OPERATIVE NOTES

To reduce pain and inflammation. **Antibiotic** and **ant inflammatory** drugs with **panchsakar churana** 5gm Hs . After one day patient is discharged after dressing with betadine.

Follow up

Unhealthy tissues that slough of simultaneous cutting and healing. patient is advised to come every second day for dressing with jatyadi taila. Kshara sutra was changed weekly. After 3 weeks sinus track cut through and healed . After the treatment patient is advised to maintain hygiene and keep the part hair free.

KSHAR SUTRA LIGATION



Discussion

The pilonidal sinus is well treated by Kshara sutra without any complications. Reoccurrence is rare and a pocket friendly treatment and compared with other treatment. The exact cause of pilonidal sinus is not completely clear, but factors that contribute to its development include:

Mechanical Stress: Prolonged sitting or sedentary work (as in the case of this patient) can increase friction in the natal cleft, driving hair and debris into the skin.

Hair Involvement: Ingrown hair or hair accumulation is believed to trigger a foreign body reaction, leading to infection and abscess formation.

Poor Hygiene: Accumulation of sweat, bacteria, and dead skin cells in the buttock region can increase the risk of infection.

Genetic Factors: Some individuals may be predisposed to developing pilonidal sinuses due to coarse or thick body hair and a deep buttock cleft.

Conclusion

Pilonidal sinus is a condition that can significantly affect the quality of life due to recurrent infections and discomfort. In this case, the patient's sedentary lifestyle and coarse body hair likely contributed to the development of the condition. Although conservative measures can help in early stages, surgery is often the definitive treatment for recurrent cases. Proper postoperative care and preventive measures are essential to minimize the risk of recurrence. Regular follow-ups and lifestyle modifications, such as maintaining cleanliness, hair removal, and reducing sitting time, play a key role in preventing future episodes.

Reference

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