

A Clinical Case Report of Pilonidal Sinus Management with *Kshar Sutra* Therapy

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ABSTRACT

The nest (Tuft) of hairs in sinus, found in natal cleft is called Pilonidal sinus. It is acquired condition commonly found in dark-hairy males (M: F-6:1), appears between the age of 20-30 years. Hirsutism, obesity & prolonged sitting are risk factors. During Second World War, pilonidal cysts were often called “Jeep-Driver’s disease” because they are more common in people who sit often. A 25-year-old male was come to the OPD with complaints of pain and swelling in lower back with discolouration and soiling of underclothes for 1 week. On examination there was a pilonidal abscess and sinus tract was found. Abscess was treated with I & D and sinus with Apamarga kshara sutra therapy. Complete tract was cut and healed in 5 weeks.

Key words: Pilonidal sinus, Incision and drainage, Kshar sutra, Sinus tract

INTRODUCTION

The nest (Tuft) of hairs in sinus, found in natal cleft is called Pilonidal sinus ⁽¹⁾. It is acquired condition commonly found in dark-hairy males (M: F 6:1), appears between the age of 20-30 years (Because of having active pilo-sebaceous glands) ⁽²⁾. Hirsutism, obesity & prolonged sitting (drivers, office worker etc) are risk factors. Sites of PNS are Inter buttocks of sacral region (most common), Umbilicus, Inter-digital cleft of men's hairdressers. Axilla and Inter-digital web of foot of workers in hair mattress factory ⁽³⁾. Prolonged sitting, obese & overnight sweating are predisposing factors leads to shedding or break of hairs due to friction of buttocks with shearing force in that area, hairs accumulate in gluteal cleft. Hairs penetrate soft & moisten skin or enter the open mouth

of sweat glands leads to dermatitis, infection, pustule and later sinus formation. The sinus passes down towards the sacrum & ends blindly without reaching the bone Hairs get sucked in to sinus by negative pressure created by movements of buttocks in area. Further irritation & granulation tissue formation leads to pus formation with multiple discharging sinuses ⁽⁴⁾.

MATERIALS AND METHODS

Patient details: A 25-year-old male patient came to the outpatient department at Shri Siddhivinayak Rural Ayurvedic Medical College, Harugeri, residence of munnoli (Dist: Belgaum, state: Karnataka) on 10 may 2024.

Chief complaints: Pain and swelling in lower back (near natal cleft) with black

discolouration and soiling of underclothes for 1 week.

History of present illness: The patient presented with a painful swelling in sacrococcygeal region. He noticed the swelling a week ago, which gradually increased in size and became painful. There was also intermittent purulent discharge with foul odour. No history of trauma was reported.

Personal History: Sedentary life style and excess body hair in the sacral area

Bowel: Constipated

Appetite: Decreased

Micturition: Normal

Sleep: Disturbed due to pain.

Family History: Nothing significant

Physical Examination:

B.P:130/88 mm of Hg.

P.R: 68/min.

Temp: 99.5°F

General Survey:

Appearance: Normosthaenic

Facies: Normal

Attitude: Conscious.

Systemic Examination:

CVS: S1, S2 heard. No added sounds

CNS: NAD

RS: NAD

GIT: Nausea

Specific Examination:

Inspection:

- Swelling and blackish discolouration just above the anal cleft

- External opening seen at midline of anal cleft with discharging pus

Palpation: Pain and tenderness

Probing: Probe was passing anteriorly in the swelling

Investigation:

CBC: Mild leucocytosis

Blood sugar: Normal

HIV 1 & 2: Negative

HbSAg: Negative

Clinical diagnosis: Pilonidal abscess with sinus

Treatment: Incision and drainage followed by Apamarga ksharasuta therapy

I & D: After informed consent, area is cleaned and draped. Local anesthesia 2% lignocaine is given. Incision is made at the most fluctuant point. Pus drained and cavity is irrigated with normal saline and betadine. Small wick gauze placed for drainage.

Kshara sutra ligation: After drainage of pus, probe is passed through midline opening of sinus tract and taken out from abscess drained cavity outside. Apamarga kshara sutra was inserted in the tract. Both ends of the thread tied outside the body. Tract was approximately 4cm in length.

Follow up & outcome: Kshara sutra changed weekly for 5 weeks. Every time thread is tie little tight. Gradually cutting and healing of tract observed. Tract cut and healed completely in 6 weeks.

Figure: Showing step-wise treatment of present case



Before treatment



During treatment



During treatment



During treatment



After treatment

DISCUSSION

Pilonidal sinus is a chronic inflammatory condition of the natal cleft, often caused by hair penetration into the subcutaneous tissue, leading to sinus formation. It commonly affects young males with sedentary lifestyle. Hair follicles have never been demonstrated in the wall of sinus (Only hairs will found). The pointed hair ends are directed toward the blind end of sinus. Unlike fistula, sinus passes towards sacrum, but ends blindly near bone. Kshara sutra therapy offers a minimally invasive, cost effective and recurrence free alternative to conventional surgical excision.

Probable mode of action of kshara sutra:

1. Pressure factor, helps in cut through of sinus tract
2. Effective drainage of pus helps to remove all contaminants & debris from tract leads to wound healing.
3. Act as chemical curettage due to presence of anti-inflammatory & anti slough agents
4. Antibacterial
5. It prevents bleeding during procedure due to sclerosing effect of kshara by its protein coagulation property.
6. Alkalinity of kshara prevents rectal pathogens to invade the cavity

CONCLUSION

Pilonidal sinus categorized under shalyaja nadi vrana, can cause significant discomfort and recurrence. Kshara sutra therapy is highly effective treatment modality for pilonidal sinus. It avoids the need for hospitalization and has minimal recurrence when combined with lifestyle and hygiene practices.

Declaration by Authors

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