

Management of Subscrotal Abscess with I&D, Ksharkarma and Secondary Suturing Integrative Approach: A Case Report

Dr Nitin Sudhakar Kale¹, Dr Pratik Pushkarbhai Joshi²,
Dr Vidya Murlidhar Jangle³

^{1,2}Senior Resident, Department of Shalya Tantra, R A Podar Medical College (Ayu.) Worli Mumbai

³Assistant Professor, Department of Shalya Tantra, R A Podar Medical College (Ayu.) Worli Mumbai

Abstract

Abscess is a collection of the pus in the cavity and it is an acquired condition seen all over the body. The clinical features of abscess are swelling, pain, redness, tenderness, and local temperature. The aggravated Dosha vitiates the skin, blood, muscles, fat and bone tissue, becomes localised and produces a troublesome swelling - deep rooted, painful, slowly bulging called Vidhradhi. When this Vidhradhi completes its pakwa avasta, it bursts open or we have to do bedhana karma to drain vitiated substances leading to a cavity. The clinical features of Vidhradhi presenting swelling, pain, redness, local temperature can be correlated to abscess. The abscess which is developed in Scrotal regions is called Subscrotal abscess. There are many theories that have been explained regarding causative factors and complications for SUBSCROTAL abscess. However in most of the cases SUBSCROTAL abscess always ends up forming a sinus, fistula or fournier gangrene. Here in this case the Ayurvedic management of pratisaraniya kshara application post I and D considered it as a Dusta Vrana and daily dressing with kshartaila keeping in mind to avoid the reoccurrence, fistula, sinus or fournier gangrene formation.

After healthy granulation secondary closure of the wound is done and further healing time also reduces.

Keywords: Subscrotal abscess, I&D, Vidhradhi, Apamarg kshar, Pratisaraniya kshara, kshar tail, secondary closure.

Aim & Objective

To MANAGE SUBSCROTAL ABSCESS WITH I&D, KSHARKARMA AND SECONDARY SUTURING (INTEGRATIVE APPROACH)

Introduction

As Abscess is a collection of pus in the body and pyogenic Abscess is the commonest variety of Abscess. A) Direct infection from outside due to penetrating wounds, B) Local extension from adjacent focus of infection, C) Lymphatics, D) Blood stream of hemorrhage. The cardinal features of acute inflammation are usually present. These are rubor (redness), dolor (pain), calor (heat) and swelling (tumor). The suppurative infection gradually leads to cell death and liquification.

The clinical features of Vidhradhi presenting swelling, pain, redness, local temperature can be correlated to abscess. The aggravated Doshas vitiate the skin, blood, muscles, fat and bone tissue, become localised and produce a troublesome swelling - deep rooted, painful, slowly bulging called vidhradhi. When this Vidhradhi completes its pakwa avasta, it bursts open or we have to do bedhana karma to drain vitiated substances leading to a cavity.

The stages of treatment of Vranasopha and Vidhradhi are similar viz, Amavasta, Pachyamanavasta, Pakvavasta. Kshara possess the qualities like Shodana (cleansing) and Ropana (healing).

Hence we planned the application of Pratisarana Kshara in the management of the drained abscess cavity, as it enhances the healing property.

After healthy granulation secondary closure of the wound is done and further healing time is significantly reduced.

Case report

A 45 year old male patient came to Shalya tantra OPD at our hospital with Chief complaints of swelling around the Scrotal region with burst boil & pus discharge through it. He is also complaining of discomfort in sitting for 10 days. Past history told by the patient was previously 6 days before he had throbbing pain, swelling at the Scrotal region and was associated with tenderness and mild fever on & off.

He has not been suffering from any systemic disease.

No history of koch's/epilepsy/covid19,

No any previous surgical history

No history any drug allergy

Addiction denied,

Occupation Farmer

On clinical examination we found externally a scab formation over rt side of scrotal region with sinus like opening at base, skin with red appearance and on palpation we found a soft tender mass at rt side of Scrotal region in which mild fluctuation, mild discharge through the opening at base and local mild temperature was also present. There were no deep organ involvement found as testis were separately palpable. After thorough examination and detail history taking we diagnosed it as Subscrotal abscess. Later the line of treatment was planned to do Incision and drainage followed by pratisaraniya kshara application under saddle block followed by Nimbu Swaras wash and packing of wound with kshartaila. Then secondary closure done once healthy granulation of tissue takes place.

Preoperative Procedure:

- The patient was nil by mouth 6 hours before OT
- Catheterisation was done before surgery
- Surgical profile investigations such as CBC CT, BT, HB%, HIV, HbSAG, RBS, were done. Anaesthetic and physician fitness taken prior to operation.
- Consent of the patient,
- Injection Lignocaine test dose inj TT 0.5 cc given, part preparation was done and the patient was prepared for the procedure according to the standard protocol.

Operative procedure:

- Under Spinal anaesthesia with all aseptic precaution in lithotomy position painting and draping done.
- Hiltons method is adopted when there are important structures like nerves and vessels around the abscess cavity and testis underneath which are liable to be injured. A sinus forcep is forced into the deep fascia into the cavity and blades are gradually opened and the pus is seen to be extruded out. A finger introduced to explore the abscess cavity. There were no involvement of testis and it was viable.
- After complete breaking of pus loculi and the cavity edges was trimmed followed by pratisarinya kshara application for about 100 Matra (Seconds) and then nimbu swarasa wash was given. And finally the kshar tail soaked pads were inserted in the cavity followed by sterile dressing.

Post operative:

Scrotal Support given to reduce pain.

The patient was shifted to the post-op ward

IV Antibiotics given for 1 day's with sos analgesic.

Superficial soaked dressing/gauze was removed after 4 hours and orally started after 6 hours, Daily dressing done with kshartaila up to 2 weeks then alternate day dressing up to 2 weeks done.

Proper healthy granulation achieved after 4 weeks of operation.

After healthy granulation pt taken to operation theatre for secondary closure of the wound and as it was much easier in this case as Scrotal skin can be stretched given the property it has.

Sutures removed after 2 weeks as it healed completely.

Medicines:

Kaishore Guggula 500 mg 1BD

Arogyavardhini vati 500 mg 1BD

Mahamanjishthadi Qwath 20 ml BD with water

All for 6 weeks

Follow up: Every alternate day's patient was asked to come for dressing and it took 4 weeks to get proper healthy granulation and in later stage secondary wound closure done. sutures removed after 2 weeks with complete healing of the wound.

A total of 6 weeks taken by the wound to heal completely later the patient was called every month for follow ups for 6 months with no reoccurrence of abscess, sinus or fistula were found.

Discussion

Here we adopted incision and drainage followed by Pratisarana Kshara application & Nimbu Swaras wash given. Most of the abscess and open wound around the groin region are more vulnerable for infection and henceforth recurrence chances are more in the form of abscess or fistula. Apamarg Kshara are prepared from herbal drugs and it includes the basic properties of the original herbal drugs. Kshara is predominant with Agni mahabhuta (fire element) hence having teekshna property. It consists of Sparsha Guna (consistency property) due to its predominant of Vayumahabhuta (wind element) and hence gives quick action. So, the above factors clearly state that Kshara is having predominance of Agni and Vayu Mahabhuta. Kshara is having Tej Mahabhuta (agni element) property predominantly hence it has the

property of corrosiveness. According to Shushrutacharya Kshara is the most superior procedure among Shastra and Anushastra (sharp instrument and substitute of sharp instrument) because it has superior qualities like chedana, bhedana, lekhana etc. So, Kshara having Lavana (Salty), Tikta (bitter) Rasa; and Ruksha (dry), Teekshna Guna (properties); Ushna (hot) Virya (Potency); and Katu (Pungent) Vipaka (attributes of durg assimilation). It helps in debridement of dead tissue and enhances the healthy granulation at a much faster rate. Arogyavardini vati is classical herbomineral preparation which has an anti-inflammatory propertiesn it helps in wound healing.

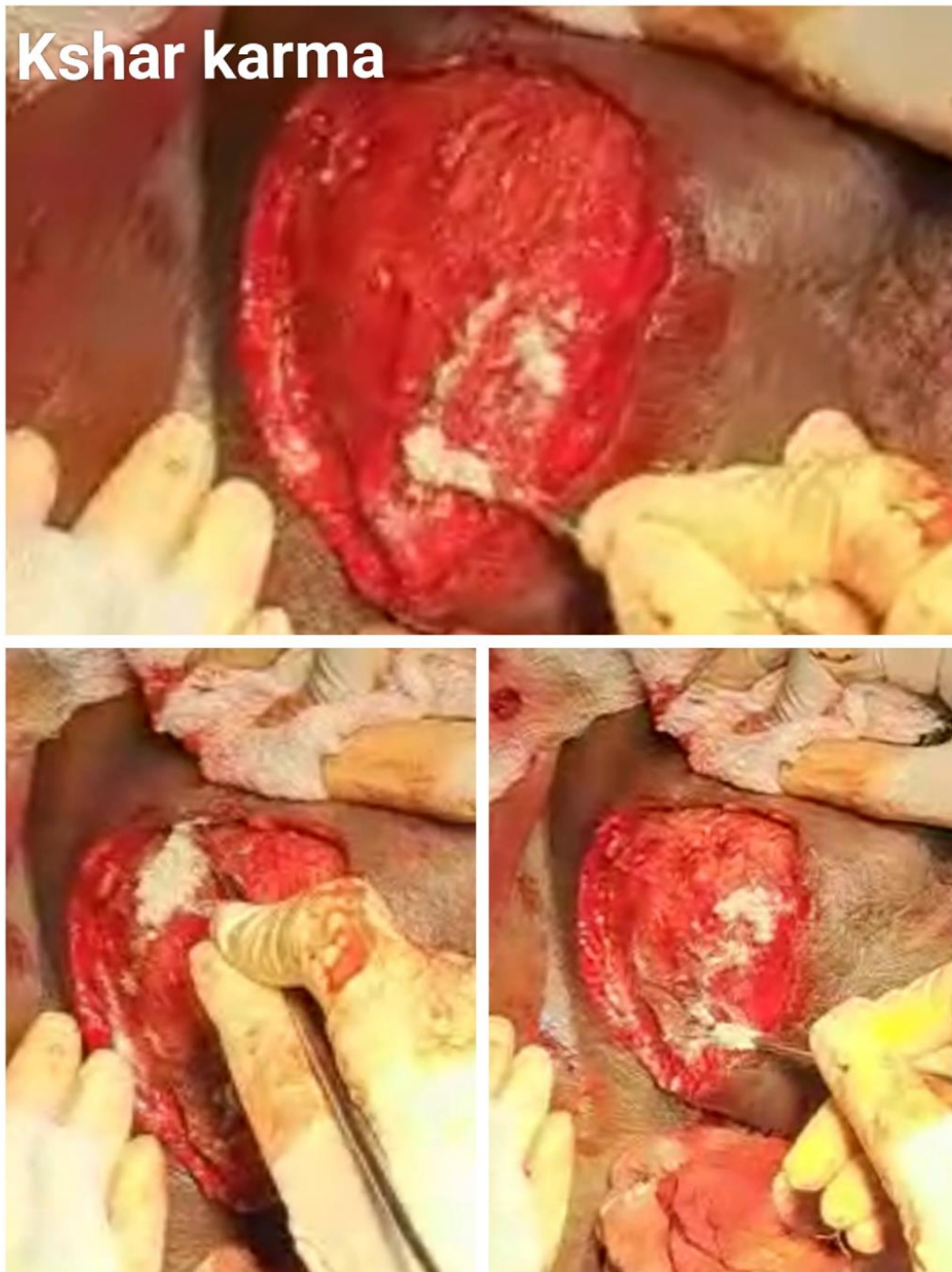
Secondary wound closure, also known as healing by secondary intention, describes the healing of a wound in which the wound edges cannot be approximated. Secondary closure requires a granulation tissue matrix to be built to fill the wound defect. This type of closure requires more time and energy than primary wound closure, and creates more scar tissue. The majority of wounds close by secondary wound closure. Now with an integrative approach we can minimise the time required for granulation of tissue n also the minimum scar formation.

Conclusion

The surgical management of abscess followed by pratisaraniya kshara application yields good results and it not only cures but also minimizes the rate of complication healing rate and re-occurrence. It prepares the wound for secondary suturing or skin grafting within a few weeks.

Supporting Files





Nimbu Swaras wash









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