



MANAGEMENT OF HYDRADENITIS SUPPURATIVA BY AN AYURVEDIC SURGICAL APPROACH – A RARE CASE REPORT

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ABSTRACT

Hydradenitis suppurativa (HS) is a chronic, disabling, suppurative disease characterised by deep tender subcutaneous nodules, complicated by fibrosis and extensive sinuses affecting primarily the apocrine gland bearing areas. The disease is speculated to be caused by follicular structural abnormalities with associated risk factors as smoking and obesity. The treatment modalities include weight loss if, stop smoking, maintain hygiene, antibiotics and surgery. Surgery requires complete excision of lesion in single or multiple stages, the resulting raw area may be very extensive which was difficult to heal with secondary intention and commonly requires skin graft. Hence there is a scope for alternative system of medicine. The clinical features of HS can be compared with Naadvirana mentioned in Ayurveda and ksharsutra (Medicated thread) is the line of treatment in it. Treating fistula with Apamarg ksharasutra is very common, but HS is rare one. This could be the first documented evidence case in treating HS with ksharasutra line of treatment. Thus this study states successful use of ksharsutra in complicated Hydradenitis suppurativa.

KEYWORDS : Hydradenitis suppurativa, Naadvirana, Ksharsutra

Introduction

Hydradenitis suppurativa (HS) is rare, long term skin condition affecting the terminal follicular epithelium in the apocrine group of sweat glands¹. They typically develop where the skin rubs together such as the armpit, the groin, between the buttocks and under the breast². Clinical course of disease is highly variable, mild cases may present as recurrent isolated nodules, while severe instances of disease with chronic inflammation may leads to scarring, cicatrization, contractures, keloids and rarely squamous cell carcinoma³. It usually starts between puberty and age 40 with a single, painful bump that persists for weeks or months. Excess weight, stress, hormonal changes, heat or humidity can worsen symptoms.

Causes: HS develops when hair follicles become blocked and inflamed. No one knows exactly why this blockage occurs. Factors that may play a role include hormones, metabolic syndrome, genetics and irregular immune system response, smoking, unhygienic and excess weight.

Clinical features:

- Blackheads: Small pitted area of skin containing blackheads, often appearing in pairs or a double barrelled pattern.
- Red tender bumps: These bumps often enlarge, break open and drain pus. The drainage may have an odour. Itching and burning may accompany the bumps.
- Painful pea sized lumps: These hard lumps may persist for years, enlarge and become inflamed.
- Tunnels: over time, tracts connecting the lumps may form under skin. These wounds heal very slowly, if at all, and can leak pus⁴.

Treatment:

- Antibiotics
- Corticosteroid injections
- Incision and drainage
- Surgery (wide local excision)

Sushruta samhita describes a condition called Naadvirana⁵ with 8 subtypes, whose clinical features can be compared with HS. The treatment mentioned is also unique and effective which is minimal

invasive technique namely ksharsutra⁶.

II. Case Report

A 38 years old male patient reported to OPD at Taranath Govt Ayurvedic Medical College, Ballari (Karnataka) in the month of may 2018 presenting with symptoms of multiple pus discharge in right axillary region on and off since 1 month. Patient had H/o Axillary abscess, drained in private hospital 2 years back. Patient had past H/o TB 7 years back and treated at Australia with AKT for 6 months.

Personal history:

Bowel: Regular
Appetite: Normal
Micturation: Normal
Sleep: Disturbed

Physical examination:

B.P: 130/70 mm of Hg
P.R: 78/min

General survey:

Appearance: moderately built
Facies: Normal

Systemic examination:

CVS: S₁, S₂ heard, no any added sounds
CNS: Well oriented
RS: Normal vesicular breath sounds
P/A: Soft, no mass palpable, non tender

Local examination:

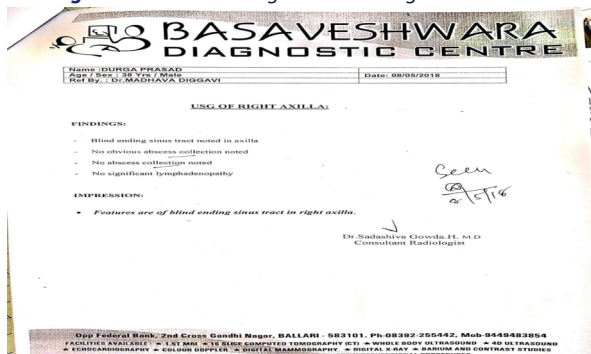
Inspection:

- Blackish discolouration of right axilla
- Pus discharge from four openings
- Previously operated scar

Palpation:

- Raised temperature
- Mild tenderness
- There is a communicating tract between all the openings

USG Right Axilla: Blind ending sinus tract in right axilla



Clinical diagnosis:Hydradenitis suppurativa

Treatment:Primary threading of ksharsutra ligation

Patient consent was taken. Under all aseptic precautions patient was shifted to OT and made to lie down in supine position with both the upper limbs extended. Right axilla is painted and draped. Probing is done through a track approximately 4cm measuring in length. Primary threading done. Another track of approximately 2cm was probed and primary threading done. Part was cleaned and dressed. Haemostasis achieved. Patient withstood the procedure well without any anaesthesia. Ksharsutra was changed weekly. Every time thread is tied little tightly. Slowly track was cut and heals simultaneously. Total duration for 2cm track was 2 sittings (2 weeks) and 6 sittings (6 weeks) for 4 cm deep track

Internal medications:

- Tab Triphala guggulu 1 TID after food
- Tab Gandhaka rasayana 1 TID after food

Results

Ksharsutra therapy is the most accepted and scientifically validated procedure worldwide for the treatment of fistula in ano. The existing data on ksharsutra reveals very negligible chances of recurrence by this modality of treatment. The Apamarga ksharsutra is well proven to be an effective treatment for Fistula in ano and has been standardised by the central council of Research in Ayurveda and Siddha, an apex research organisation of Government of India in the field of Indian system of medicine.



Before treatment

Application of medicated thread (Ksharsutra)



During treatment

After treatment

Discussion

Mode of action of ksharsutra:

The cutting of track is due to pressure necrosis of tissue. This is the same principal we observe in the seton technique today, but Kshara

adds on by cleaning the debris from track, sterilizes the track thus resulting in the formation of healthy granulation tissue which is responsible for healing of track. Finally ksharsutra helps in excision of debris, cutting of track and scrapping of unhealthy granulation tissue by that helping in healing process.

Excellence of ksharsutra over surgical management:

- No bleeding/minimum
- Minimum hospital stay
- No dressing requirement
- Minimum trauma
- Gets cut and heal from base
- Therapy cost is less
- No tissue loss
- Very minute and fine scar
- Recurrence rate is practically nil

Conclusion

Hydradenitis suppurativa (HS) is a chronic, disabling, suppurative disease characterised by deep tender subcutaneous nodules, complicated by fibrosis and extensive sinuses affecting primarily the apocrine gland bearing areas. The clinical features of HS can be compared with Naadvirana mentioned in classics. The apamarga ksharsutra ligation is the best line of treatment for complete cure of Hydradenitis suppurativa without any risk of recurrence.

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