

Management of Traumatic Bilateral Ischio Rectal Abscess (*Gudagata Vidradhi*) with Incision (*Bhedana*) and *KsharaSutra* (Medicated seton) Technique- A Case Report

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ABSTRACT

Ischiorectal rectal abscess is a common ano rectal disorder with trauma as its rare cause. The most common complication of ischio rectal abscess is fistula in ano because of inadequate drainage of pus or improper dressing in the post-operative phase. The management in the contemporary science is described in two step procedure involving incision and drainage followed with fistula management. We present a case of traumatic bilateral ischio rectal abscess with blind internal opening at posterior midline. The case was managed by incision (*Bhedana*) and *ksharasutra* application (medicated seton therapy) bilaterally in a single step. *Ksharasutra* was changed every week till 3 weeks and then removed after confirming the growth of healthy granulation tissue without waiting for complete cut through of tract in order to minimise the pain and burden of the patient.

Key words – Traumatic Bilateral Ischio rectal abscess, *Ksharasutra*, Fistula in ano,

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Introduction

Piles, fissure, fistula, abscess are common anorectal diseases in human being. Abscess and fistula are considered as the acute and chronic phase of the same anorectal infection. Abscess begins as an infection in the anal glands spreading into adjacent spaces and resulting in fistula. (1)The prevalence rate of anal fistula is 8.6 cases per 100,000 population. 40% of fistula results from ano-rectal abscess that occurs due to infection of glandular epithelium of anal canal. (2)The most cardinal feature of Ano rectal abscess (called as *Gudavidradhi* in ayurveda) is severe pain at anal region along with pus discharge if fistula is formed. The treatment of an anorectal abscess is early, adequate, dependent drainage. The treatment of a fistula, although surgical in all cases, is more complex due to the possibility of faecal incontinence as a result of

sphincterotomy and sometimes carries complications and subsequent recurrence.(1) Incision (*Bhedana*) is recommended by *Sushruta* (the legendary Indian surgeon) as the primary treatment of *vidradhi* (ayurvedic synonym to abscess) (3) and when it turns to fistula, the management by *ksharasutra* is found effective in terms of early healing of the wound. *Ksharasutra* (medicated seton) is a W.H.O. recognized alternative parasurgical procedure, which is successfully employed in such cases throughout India. (4) A case of Ischiorectal abscess with internal fistula successfully treated by incision followed by *kshara sutra* is presented here.

Case Report

A 46-year-old male patient presented with complaints of pain and swelling in the perianal region since 10 days, foul smelling pus discharge from anal region. Patient had a history of fall (from a height of 10 feet) evoking an injury

at peri anal site which initiated the above complaints. The patient was initially managed conservatively with antibiotics and anti-inflammatory drugs for 10 days with a relief in pain and fever. For subsequent management he approached Ayurvedic hospital.

Surgical and food allergy history were nil and all family members were healthy according to the patient's statement. On examination, vitals like blood pressure, pulse and systemic examination was normal. Local examination revealed reddish discoloration around perianal, ischio rectal fossa of both sides, there was induration along with tenderness at both ischio rectal fossa. On digital examination, tenderness along with opening and foul smelling pus discharge was seen at posterior (6'0 clock) inside the anal canal. MRI Fistulogram suggested high level fistula in ano with an intercommunicating horse shoe shaped bilateral ischio rectal collection and supra levator extension (grade V fistula) (Figure 5).

The patient was posted for incision followed with drainage and *ksharasutra* ligation under spinal anaesthesia with prior informed consent and confirming all the routine pre surgical investigations. Under all aseptic precautions painting and draping was done. *Anulomagati* (downward direction) *bhedana* was done on left ischio rectal fossa and pus was drained out and all loculi were broken by inserting finger in abscess cavity (Figure 1). Horse shoe fistulous track was noted extending from left to right ischio rectal fossa so *bhedana* on the right side was also done and around 500 ml of thick pus was drained, as both fossa were included with horse shoe connection and blind internal opening at posterior aspect of anal canal. *Ksharasutra* application was planned for proper draining of pus and maintaining patent track for faster healing.

Patient was advised to take *Triphalaguggulu*(5) one tablet three times a day after food, *Gandhakarasyana* (6) one tablet thrice in a day after food, *Avipattikarchurna* (7) 2.5gm twice in a day after food with warm water, *Avagahasweda* (Sitz bath) with *Panchavalkalakashaya* (decoction), and dressing with *Jatyadi taila* (oil) daily for

a period of 15 days (Figure 2). Subsequently the *ksharasutra* was changed at intervals of 7 days. During this time, it was observed that the tract was patent, cavity was filling with healthy granulation tissue, reduced discharge and the patient was able to sit and perform normal activities without pain. *Ksharasutra* was changed weekly and after the third sitting (Figure 3) the tract was found healthier with granulation tissue so *ksharasutra* was removed and left for healing process. *Jatyadi taila* 5ml was pushed twice daily through the tract to keep it clean. After a period of 2 weeks, tract was completely healed without any discharge (Figure 4), later the patient was followed-up for a period of 6 months and no recurrence of symptoms was observed.

Discussion

In 34% of patients an acute phase of Ano-rectal abscess gets complicated into fistula in ano.(8)The basic principles regarding the treatment of fistula in ano have remained the same: resolution of perianal sepsis, and treatment of the resulting fistula without leading to impairment in continence.(9)Current surgical treatment methodologies for fistula in ano include: Fistulectomy, fistulotomy with secondary healing, fistulectomy, destruction of fistula track by carbon dioxide laser beam. Major problems faced during the fistula-in-ano treatment are, extensive mutilation of ano-rectal and ischio-rectal area, prolonged hospitalization, high rate of recurrence (21–36%) and division of sphincter muscles leading to incontinence (3–7%) of feces.(4)The plan of care proceeded with *avagahasweda* which helps in maintaining the hygiene of perineal and peri-anal area and reducing the inflammation, pain and relaxed the spasm of sphincter muscles.(4)Orally *Triphalaguggulu*, *Gandhaka rasayan* was given which has *lekhana* (scraping) and *shodhana* (cleansing) properties. *Avipattikar churna* helps easy evacuation of bowel and relieves constipation. *Bhedana* was done to facilitate the drainage of pus and keep both the horse shoe tract patent and *ksharasutra* on both sides was applied as it was having internal opening and horse shoe tract. After 3 sitting of application tract was found healthier so thread

was removed and left for healing in order to minimise the pain and discomfort during changing of *ksharasutra* and further to help patient performing his routine activities.

Fistula in ano was secondary to traumatic ischiorectal abscess (Horse shoe abscess) so primary aim of the treatment was to keep tract patent by draining the pus and to enhance the healing process. Later the fistula tract which was formed trans sphincteric (1) was treated with repeated changing of *ksharasutra* so the fibrous tract could be scraped and the granulation tissue growth may be promoted. *Jatyaditaila* was pushed through the tract to enhance healing and to prevent contamination by stool.

Mode of action- *Ksharasutra*(4)

- a) Anti-bacterial theory-*Ksharasutra* is attributed with anti-bacterial effect as one of its ingredients is turmeric which is widely known for its anti-bacterial, anti-fungal and anti-inflammatory properties.(10)
- b) Chemical cauterization - Necrosis of unhealthy granulation and proliferation of new connective tissue takes place under the influence of *kshara* (alkali) present in the thread prepared with *Achyranthes aspera* and corrosive nature of latex of *Euphorbia nerifolia*.(4)
- c) Local drug delivery system - Drugs incorporated in the thread are delivered layer by layer to the local pathological tissue planes and debride the unhealthy granulation, this enhances the healing process.(4)
- d) Mechanical action - *Ksharasutra* exerts mechanical pressure on the tissue as it is tightly applied on the fistulous tract. It cuts the tissue and augments healing. *Kshara* acts as a powerful debridement agent and selectively acts on unhealthy granulation, pus pockets, etc. This process of debridement and healing starts from deeper tissues and travels toward periphery.(11)

Conclusion

The *Ksharasutra* therapy, a unique method of drug

delivery, most appropriate for healing the fistulous track offers an effective, ambulatory and safe alternative treatment in patients with fistula in ano.(12) The case was successfully managed through Incision and drainage followed by *ksharasutra* application on both sides (perianal) under spinal anaesthesia with all aseptic precautions, regular dressing was performed with *Jatyadi taila* which enhanced wound healing process. The tract healed completely with normal scar formation and no recurrence of fistula was observed in a follow up period of 6 months.

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