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## A Case Report on Perianal Antibioma and its Management

Hiremath Sangamesh<sup>1\*</sup> and Hiremath Kanchana<sup>2</sup>

<sup>1</sup>Dept of *Shalya Tantra*, Shree Jagadguru Gavisiddheshwara Ayurveda Medical College and Hospital, Koppal, KA, India

<sup>2</sup>Dept of *Kriya Shareera*, Shree Jagadguru Gavisiddheshwara Ayurveda Medical College and Hospital, Koppal, KA, India

### ABSTRACT

Abscess is an acquired condition seen all over the body. The clinical features of abscess are swelling, pain, redness, tenderness, and local temperature. The abscess which is developed in perianal regions is called perianal abscess. In this condition the common mistake done by medicos is that without conducting local examination only on complaints of the patients just symptomatic treatment with anti inflammatory, antibiotics were given, and because of not draining the pus the abscess developed in to hard mass and cavity is filled with sterile pus and remains for long time creating discomfort to patients in their routine life. However, perianal abscess always ends up into forming a fistula in ano. Here in this case the *Ayurvedic* management of *pratisaraniyakshara* was applied post I and D keeping in the mind to avoid the reoccurrence and fistula in Ano formation.

### KEYWORDS

*Perianal abscess, Anti-bioma, Pratisaraniyakshara.*



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## INTRODUCTION

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<sup>1</sup>. The majority of anorectal suppurative disease results from infections of the anal glands (cryptoglandular infection) found in the intersphincteric plane. Their ducts traverse the internal sphincter and empty into the anal crypts at the level of the dentate line. Infection of an anal gland results in the formation of an abscess that enlarges and spreads along one of several planes in the perianal and perirectal spaces<sup>2</sup>. Antibiooma is a sterile, chronic abscess formed because of incomplete treatment of an infection by using antibiotics without incision and drainage<sup>3</sup>.

The aggravated *Doshas* vitiate the skin, blood, muscle, fat and bone tissue become localized and produce a troublesome swelling. The stages of treatment of *Vranasopha* and *Vidradhi* are similar viz,

*Amavasta*, *Pachyamanavasta*, *Pakvavasta*<sup>4</sup>. *Kshara* possess the qualities like *Shodana* (cleansing) and *Ropana* (healing)<sup>5</sup>. Hence we planned the application of *Pratisarana Kshara* in the management of drained abscess cavity, as it enhances the healing property.

## CASE REPORT

A 48 year old female patient who is a school teacher came to *Shalyatantra* OPD at our hospital with chief complaints of hard mass of swelling around the anus and discomfort in sitting since last 20 days. History given by patient was, she had severe throbbing pain at perianal region and was associated with tenderness and fever hence she visited a local practitioner and underwent treatment with some antibiotics and analgesics without local examination. Patient was suffering from a history of chronic constipation. On clinical examination we found a chronic sentinel tag, externally at anterior and per rectal digital examination. A hard immobile mass, at 3'O clock position in which fluctuation and fluid thrill test were negative and there were no any internal opening, was found. The mass was completely fixed and no tenderness elicited. After thorough examination and detailed history taking we diagnosed it as perianal abscess which was developed into



antibioma finally. Later the line of treatment was planned to do incision and drainage followed by *pratisaranyakshara* application under saddle block.

**Preoperative Procedure:** patient was not fed through oral cavity for 6 hours prior to surgery and enema was given before surgery. All required surgical investigations were done, consent of the patient, injectable Lignocaine test dose was given and patient was prepared for procedure according to standard protocol.

**Operative procedure:** under saddle block with all aseptic precaution in lithotomy position parts painted and draped, initially manual anal dilatation and excision of sentinel tag was done. Later incision was taken on most prominent part with finger invagination and complete exploration was done to evacuate the encapsulated cavity which was filled with sterile pus. Later the cavity was applied by *pratisarinyakshara* for about 60 seconds and *nimbuswarasa* wash was given. And finally the *yastimadutaila* soaked pads were inserted in the cavity followed by anal pack and sterile dressing was applied.

**Post operative:** patient was shifted to post-op ward and anal pack was removed after 4 hours and orally started after 6 hours, sitz bath was advised and patient was discharged after one hospital stay with medication.

**Discharge medicines:** *TriphalaGuggula* BD

*GandhakaRasayana* BD

*Abhayarista* 10ml BD with water

*Triphalachoornakashaysitz* bath

**Follow up:** Every alternate day's patient was asked to come for dressing and it took 2 months to heal completely. And regularly every month patient visited to OPD for follow up for about 6 months, but no any reoccurrence of abscess or fistula in ano was found.

## DISCUSSION

Antibioma is iatrogenic consequences of incomplete draining the pus or antibiotic therapy without clinical examination. And most of the perianal abscess pathology has postulate of crypto anal gland infection cause. Here we adopted incision and drainage followed by *Pratisarana Kshara* application, most of the perianal abscess and open wound around the anal opening are more vulnerable for infection and henceforth reoccurrences chances are more in the form of abscess or fistula in ano, so by *Kshara* which possesses the properties like *Shodhana*, *Ropana*, *Sthambhana* and *Krimighna*, which enhances the early healing without reoccurrence<sup>6</sup>.

## CONCLUSION:



With this case report we conclude that one should do thorough clinical examination before prescribing medication and not to use unnecessary antibiotics without draining abscess in any kind of abscess. The surgical management of perianal antibioma followed by *pratisaraniyakshara* application yields good result and it not only cures but also minimizes the rate of complication and re-occurrence. It is a good therapy in terms of cost of treatment.



**Figure 1** Antibioma



**Figure 2** During I & D



**Figure 3** After 7 days



**Figure 4** After 15 days



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