



Case Study

A MINIMAL INVASIVE SURGICAL PROCEDURE (WINDOW TECHNIQUE) FOR THE MANAGEMENT OF SAMBUKAVRATA BHAGANDARA (HORSESHOE SHAPE FISTULA IN ANO): A CASE REPORT

Lokendra Pahadiya^{1*}, P. Hemantha Kumar², Ashok Kumar³, Narinder Singh³

*¹Assistant Professor, ²Professor & Head, ³Associate Professor, PG Department of Shalya Tantra, NIA, Jaipur.

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ABSTRACT

Acharya Sushruta described about *Bhagandara* in detail and also mentioned about treatment modalities like *Kshara Sutra* therapy etc. along with *Kricchsadyata* difficult to treat and *Asadyata* not curable of the disease. *Sambukavarta Bhagandara* is a *Tridoshaj Bhagandara* and *Sushruta* mentioned it as *Asadyaya* disease. In contemporary science *Sambukavarta Bhagandara* can be correlated with horse shoe shape fistula in ano and many treatment options are available to treat the fistula in ano but still it is very challenging to treat the fistula in ano due to high recurrence rate of the disease. In this case study A 62 year old male patient came to our OPD with the complaint of Boil in perianal region along with mild pain and pus discharge since 2 years. Patient was operated previously for the same complaints before one years at somewhere but it reoccur after some time. On examination patient was diagnosed as case of *Sambukavarta Bhagandara* or posterior Horse shoe shape fistula in ano. In this study patient was treated by Window technique (Minimal invasive surgical procedure) along with *Kshara Sutra* application under local anesthesia and the outcomes of this technique were very encouraging as it was less time consuming, reduce time of hospital stay, early return to work, less postoperative pain, minimal scar tissue and minimal chances of recurrence. Hence this study is conclude that Window technique is one of the best gold standard technique for the treatment of complicated or Horse shoe shape fistula in ano.

INTRODUCTION

Acharya Sushruta quoted about the *Bhagandara* "*Bhag Guda Basti Pradesh Darananch*"^[1] means the disease which tears the region of vagina, anorectum, pubic and perianal region.

Another one is "*Abhinna Pidika Bhinnastu Bhagandara*"^[2] means up to the un-rupture stage of boil in above mentioned areas called *Pidika* and when it burst it is known as *Bhagandara*. *Acharya Sushruta* mentioned *Bhagandar* as *Kricchsadyaya* or *Asadyaya Vyadhi*.^[3]

Sambukavarta Bhagandara mentioned as *Asadyaya Vyadhi* or Challenging condition to manage because of involvement of all three *Doshas*. *Acharya Sushruta* and others also advocate *Kshara Sutra*^[4] therapy in the management of *Bhagandara* and it is a gold standard technique now a days for the treatment of *Bhagandara* but in conventional *Kshara Sutra* therapy there is more time taken and there is more and ugly scar tissue formation in *Sambukavarta Bhagandara*^[5] or complicated cases of *Bhagandara*.

In contemporary science the pathogenesis of horse shoe shape fistula in ano firstly there is obstruction in anal gland duct by foreign body lodgement leads to stasis of secretions and superadded infection. This theory called cryptoglandular theory^[6] for anal fistula. After infection subsequently it converts in to a small abscess. If this abscess not treated properly than pus moves towards the least resistance most probably in post anal space and from there it may goes in bilateral intersphincteric area or Ischioanal space. So basically fistula in ano is a communicating

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track between anal canal, rectum and perianal skin which is lined by unhealthy granulation tissue. So this may be the underlying pathology regarding complicated or horse shoe shape fistula in ano. Although many advance surgical treatment options like Fistulotomy, Fistulectomy, LIFT (Ligation of Intersphincteric Fistulous Track), VAAFT (Video Assisted Anal Fistula Treatment), Mucosal flap, fibrin glue etc^[7] are available for the management of fistula in ano but all these surgical modalities have failure rate more than 40-50%. So in contemporary science fistula in ano is also very difficult to manage. so definitely it's a high time develop some short of minimal invasive technique which require minimal instrumentation along with *Kshara Sutra* application so patient cure with minimal postoperative pain, minimal scar tissue, minimal hospital stay and with less chance of recurrence.

Case Report

A 62 year old male patient came to our OPD with the complaint of Boil in perianal region along with mild pain and pus discharge since 2 years. Patient had no any history of medical illness like DM, HTN, COPD etc. Patient was operated previously for the same complaints before one years at somewhere but it reoccur after some time. No any family member of patient suffered from this kind of disease. Patient don't had any history of drug allergy.

On General examination: All vital parameters found within normal limits.

On local examination: There was two external opening in perianal region at 9'O clock and 4'O clock positions. Previous surgical scar mark present at 4'O clock position. Fistulous cord was palpable at both sides in perianal region and on palpation mild pus discharge seen from both the openings. A wide internal opening was palpable at 6' O clock position below the dentate line and the posterior wall of the anal canal was firm and indurated. On pushing some amount of methylene blue dye from the one opening than it was coming out through the another opening.

Diagnostic Assessment

Patient clinically diagnosed and confirms that it was a case of Posterior horse shoe shape fistula in ano. After the diagnosis we planned this case for *Shalya Karma* under local anesthesia.

Treatment Protocol

Materials: Surgical instruments like kidney tray, Sponge holder, Malleable probe, BP handle, Surgical Blade, Tissue cutting scissor, Artery forceps, drape sheets *Apamarga Kshara Sutra*, Methylene blue dye, Normal saline, Local anesthesia.

METHOD

Preoperative Procedure

As per protocol before taken for *Shalya Karma* proper counseling about the disease and its management was given and check all routine investigations like CBC, ESR, CT, BT, RBS, HIV, HbsAg, LFT, RFT and urine routine and microscopic, CXR-PA view, ECG- all investigation were within normal limits.

Operative Procedure

After taking proper written consent, premedication were given to patient and shifted to OT room and taken on OT table in Lithotomy position. Proper painting the operative site with Betadine solution and draping with surgical linen sheets was done. Local anesthesia was infiltrate at operative site. After satisfactory anesthetic effect a Sims speculum was gently introduce in anal canal and identify the internal opening. Through this internal opening a malleable copper probe insert and an incision made at the prominent site of this probe at 6 o clock position.

Through this incision open the post anal space or create a window and through this window clearly divided the fistulous track. After this check the fistulous track for properly divided or not by pushing some amount methylene blue dye through both the external openings one by one. Dye coming out through the created window (at 6'O clock position) freely confirming that interception was successfully done.

Then *Apamarga Kshara Sutra* applied (at 6 to 6° clock position) for the purpose of destructing the primary focus or anal gland involved with infection.

Postoperative Management

Regular dressing was done with *Jatyadi Taila*^[8] to promote wound healing. *Kshara Sutra* was weekly changed. Postoperative analgesics and antibiotics given as visiting consultant advised Ayurvedic medication advised to promote the wound healing.

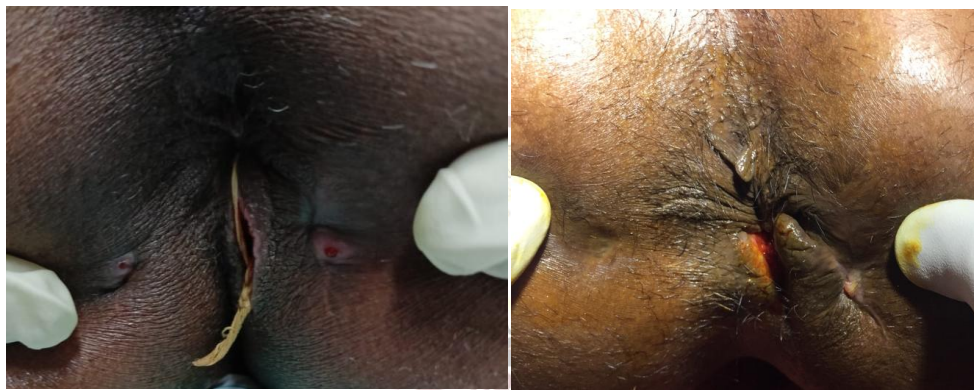
Patient was discharged on 5th day and advised him to attend OPD weekly for *Kshara Sutra* change and educate him for postoperative dressings.

Follow-up

During follow-up patient was observed for discharge, tenderness, inflammation, and induration and his progress were recorded as below.

Day	Discharge	Tenderness	Inflammation	Induration	Treatment
1 week	+++	++	++	+	1. <i>Suddha Gandhak</i> - 125 mg <i>Rasamanikya</i> - 75 mg <i>Avipattikar Churna</i> - 2 gm BD 2. Tab. <i>Triphala Guggulu</i> 2 tab BD 3. <i>Triphala Churna</i> 3gm at bed time 4. Dressing with <i>Jatyadi Taila</i> Daily 5. <i>Kshara Sutra</i> Change
2 week	++	+	+	+	CST-1, 2, 3, 4 with <i>Kshara Sutra</i> Change
3 week	+	-	-	-	CST-1, 2, 3, 4 with <i>Kshara Sutra</i> Change
4 week	-	-	-	-	CST-1, 2, 3, 4 and cut through done of remaining fistulous tract

After complete recovery patient was followed up for two months there was no any pain discharge.



During Procedure

After 3 weeks



Follow up after 1 month

RESULTS

- On the basis of this case report it shows that patient symptoms like pus discharge, tenderness, inflammation and induration very quickly lower down in 2nd week and almost subside in 3rd week and patient completely free from the symptoms in 3-4 week with completely healed scar tissue.
- The patient has minimal tissue destruction in comparison to classical *Kshara Sutra* therapy that's

why there was minimum tissue scaring and minimal time taken in wound healing.

- Reduce the duration of time to complete cure of fistula, allowing an early return to normal activity for the patient.
- This show very encouraging results in the management of complicated horse shoe fistula in ano.

DISCUSSION

In this case through this minimal invasive procedure (window technique) after creating window we open the potential space of collection so there will be no further collection in post anal space and by intercepting the fistulous track we cut off the source of infection from cryptoglandular origin and by putting conventional *Apamarga Kshara Sutra* we destroy the infected anal gland, debridement of unhealthy granulation tissue and cauterize the ramifications of fistula in ano done by chemical action of alkali and also simultaneously cutting and healing of the remaining fistulous track so there was minimal chances of anal incontinence and recurrence of the disease.

Dressing with *Jatyadi Taila* helps in drying up the secretions and promote the wound healing owing to its *Katu-Tikta Rasa* and *Shodhan- Ropana Guna*

CONCLUSION

On the basis of this case study it can be concluded that for the management of horse shoe shape fistula in ano (*Sambukavarta Bhagandara*) with the window technique of surgery is less time consuming, minimal invasive, less hospital stay, minimal postoperative pain, minimal scar mark, early return to work and less chances recurrence

In order to evaluate the effect of this technique it requires performing this technique on adequate number of patient.

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*Address for correspondence

Dr. Lokendra Pahadiya

Assistant Professor,
PG department of Shalya
Tantra, NIA, Jaipur.

Email: lpahadiya2@gmail.com