

An Unusual Case of NadiVrana- Multiple Sinus

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Abstract

NadiVrana is a condition analogous to sinus which usually develops due to inappropriate or incomplete care of an abscess leading to track formation. In this case, we present Iatrogenic sinus not just single but multiple born out of the incomplete drainage of gluteal abscess which was resultant of a complication of intramuscular injection. Sushruta was the foremost author who scripted the details of this condition in his treatise narrating the various etiological factors and also its Therapeutical modalities

Keywords: NadiVrana; Sinus

Introduction

The term “Nadi” refers to track while the term “Vrana” refers to Ulcer, thus, NadiVranais a sinus track which often recurs and difficult to heal. Sinus or NadiVrana is always resultant of inappropriate care of an abscess, Sushruta, has detailed various principles for the management of an abscess, while he also cautions physician or surgeon from opening an unripe abscess or not opening it when it is fully ripe, such acts carried out of ignorance will yield to multiple complications [1,2]. Apart from this, he also stresses the complete evacuation of the pus as a small amount will surely lead to its recurrence or formation of a sinus. An analogy of a blazing fire getting much force by a favorable wind will quickly destroy an entire forest similarly; a small amount of pus left without draining destructs the healthy tissue in the vicinity. Surgical errors lead to surgical complications, this case is a classic example for it [3,4].

Case Report and Discussion

A male patient aged 45 years presented with multiple discharging sinuses on both gluteal region since 2 years. Patient reports to have developed fever and cough 4 years back for which he took intramuscular injections at local general practitioner and after few weeks he developed an abscess for which he took treatment from the same medical professional. As per the information given by the patient after developing an abscess in right gluteal region, he had recurrence of abscess at multiple periods. On the left gluteal

region also abscesses were developed and as there were recurrence in abscesses in both the region, due to poor economical condition, patient didn't consulted any doctor for the treatment. He took medications from nearby medicine counter and came up with the present condition, wherein the multiple sinuses with foul odor and severe pain at nights. Patient was clinical examined and then subjected to laboratory investigations. Patient was moderately built ill nourished male with clinically normal vitals, examination of the local part revealed, multiple discharging sinuses with varying lengths of depth ranging from 0.5cm to 1 cm. The tracks were not patent and not communicated with each other. The surrounding area was indurated with blackish discoloration. Many sinuses are completely healed and probing was not attempted in such healed sinus tracks. Patient was advised with routine haematological and radiological investigations for the assessment of the pathology, but patient didn't turned up with reports as shown in figure 1 and Figure 2.

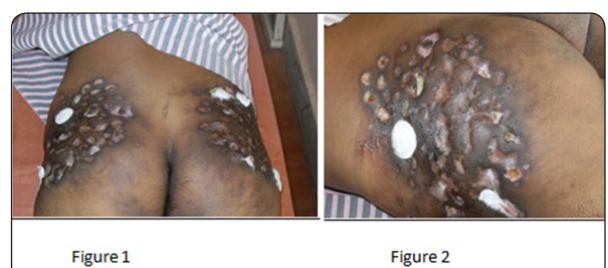


Figure 1 and 2: Multiple sinuses on both Gluteal regions

This was a typical case of mismanagement of an abscess which developed due to possible unsterile method of intramuscular injection. Also in this case the abscess was not properly drained letting an opportunity for the development of sinus by invasion of pus into the deeper tissue. Apart from the doctor's negligence, here patient's lazy attitude towards correcting the ailment is also responsible for the present condition. The standard care warranted at the time of the abscess treatment was not obtained by the patient, and such medical malpractices are surging day by day [5, 6].

Sushruta has listed in detail the complications of abscess mismanagement. Prior to opening an abscess, a surgeon must be well versed with clinical picture of the inflammatory and must be proficient enough to differentiate unripe and ripe swellings. Any shortcomings in the selection of the case are sure to end up in complications [7]. Due to opening of unripe abscess, it will cause delayed wound healing, abnormal wound closure or keloid or hypertrophic scar formation, such patients will have severe pain [8]. While if the suppurated swelling is left without opening to let out the pus in such cases, pus sips into the deeper tissues creating sinus track by making a simple curable condition to either difficult to cure or incurable type [9].

Conclusion

This case is an example of the patient's negligence versus physician's malpractice. Sushruta's principles of abscess management are true to always and any disobedience to the principles will definitely yield complications like this case.

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