

**MANAGEMENT OF RECURRENT PYOGENIC GRANULOMA WITH KSHARALEPA: A  
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**INTRODUCTION**

Pyogenic granuloma is a common condition which occurs on the face, scalp, fingers and toes. It may be due to minor trauma or minor infections. It is also called as acquired lobular capillary hemangioma, granuloma pyogenicum.

Infection leads to formation of unhealthy granulation tissue which protrudes through the wound.<sup>[1]</sup> Low grade chronic irritation, trauma and hormonal imbalances are said to be main etiology for pyogenic granuloma which results in the overzealous proliferation of vascular type of connective tissue.<sup>[2]</sup>

The clinical features are: usually single or rarely multiple, well localised, red, firm, nodular, which bleeds on touch, may or may not be tender. If excised completely, the recurrence is rare.<sup>[1]</sup>

**CASE REPORT**

A 62-year-old, male patient presented with red, fleshy swelling in the left palm for 2 weeks. Patient had a history of an abscess in the Left palm, 4 months back, which was operated by a surgeon in multispecialty hospital. Post operatively, he was advised antibiotics and regular dressings. The patient neglected and gives the history of irregular wound dressing, indulgence in field work and handling of inorganic manures with bare hands during the post-operative period. Then, after 10 days of surgery the patient noticed the fleshy growth which gradually increased to the size of 2-3cms in a span of 15 days. Patient recalls that it used to bleed occasionally and was painless. When he re-approached the surgeon, after conducting radiological and biochemical tests, the growth was excised and was advised antibiotics with regular wound dressings. Patient was told that it was not a malignant tumor. After 1 week of excision, the patient again noticed the same kind of mass which grew rapidly and which used to bleed on touch, had creamy white discharge, bright red in color. This time, the patient approached another surgeon and it was excised. Post operatively, patient was advised antibiotics for 3 days and wound dressing. After the second unsuccessful excision, patient noticed same kind of growth in 2 two weeks and approached us for further management.

On further interrogation, patient revealed that, he is not a known case of Diabetes/ hypertension, but gives the history of addiction for tobacco in the past 35 years which he used to rub on left palm and consume.

**On Examination****Site-** Left hand, 1inch away from the medial border of left palmar aspect**Size-** 3X 2cms**Shape-** Lobulated, Spherical**Fixity-** Not fixed to the underlying tissues.**Surrounding Tissue-** Normal, Non- tender.**Discharge-** Slight+, pus discharge, No foul smell**Bleed on touch +****Lymph Nodes-** Not Palpable.**Initially patient was advised**

- Wound dressing with Vranaharin,
- T. Triphala Guggulu DS 1-1-1 A/F,
- T. Gandhaka Rasayana 1-1-1 A/F,
- Varunadi Kashayam 15ml-0-15ml with 45 ml of lukewarm water for 5 days.

At the meantime, patient was advised for X- ray of palm, Pus for C&S, FNAC.

**Differential Diagnosis Considered Were**

- Pyogenic Granuloma,
- Osteomyelitis,
- Squamous Cell Carcinoma
- Hemangioma (in order).

X-ray of Left-hand AP/Oblique/Lateral View revealed: Mild soft tissue edema around 5<sup>th</sup> metacarpal region. (Fig. 1)

FNAC: No Obvious malignant cells seen, ? vascular soft tissue lesion. (Fig. 2)

Pus culture and sensitivity report revealed: Growth of *Staphylococcus aureus*. (Fig. 3)

Patient was negative for serological tests for HIV and Hepatitis B.

**PROCEDURE**

Under all aseptic precautions, under adequate infiltrative local anesthesia (Fig.4), the mass was excised (Fig. 5&6) and *Teeksa Apamarga Ksharalepa* (Fig. 7) was done, till *samyak dagdha laxana* was achieved. *Kshara* was neutralized with *Nimbu Swarasa*, complete hemostasis was achieved and the wound was dressed with *Jatyadi taila*. The excised mass was sent for biopsy (Fig. 8).

Post operatively all the ayurvedic drugs were continued for 15 days.

After 20 days, the wound was completely healed and it has not recurred after 6 months of follow-up (Fig. 9).

**DISCUSSION**

The term “Pyogenic Granuloma” was coined by Hartzell in 1904 and it is still being used.<sup>[3]</sup> Low grade chronic irritation, trauma are said to be the main etiology for Pyogenic Granuloma which results in overzealous granulation tissue. Here, in this case, the patient did not

take proper care of the post-operative wound after Incision & Drainage, as he performed field work which might have caused irritation to the granulation tissue and has caused Pyogenic Granuloma.

*Kshara* is described as best among the *Shastras* (surgical instruments), *Anusastras* (parasurgical instruments) or *Upayantras*(blunt instruments). The word "*kshara*" has different derivations. *Kshara* means *Shaataana* or destruction. It destroys unhealthy tissues. Derivation from *ksharanam* means violence i.e. violence on unhealthy tissues.<sup>[4]</sup>

Incomplete excision of Granuloma is said to recur. But, here after complete excision of the granuloma, the application of *Apamarga Kshara*, the herbal caustic alkali, which cauterizes, scrapes off, minimizes infection, acts as a hemostatic agent has prevented its recurrence and also promoted wound healing.

**CONCLUSION**

A 62-year-old male patient presented with pyogenic granuloma after two unsuccessful excisions followed by antibiotic therapy. The challenge in this case was not only to excise the mass but also preventing its recurrence. *Ksharalepa* in the management of recurrent pyogenic granuloma proves efficacious after excision to prevent the recurrence after 6 months of follow-up.

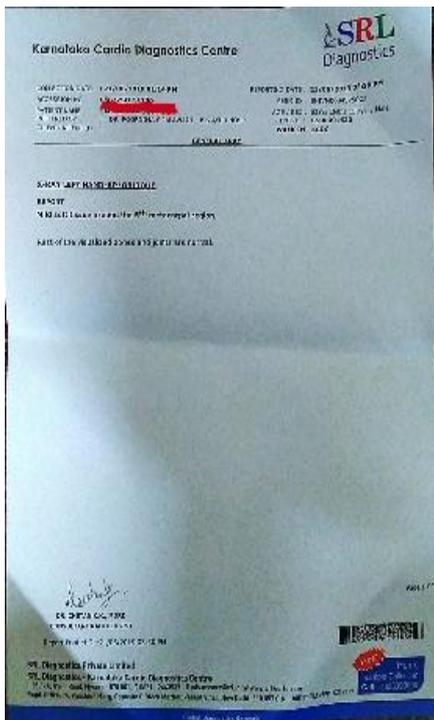


Fig.1

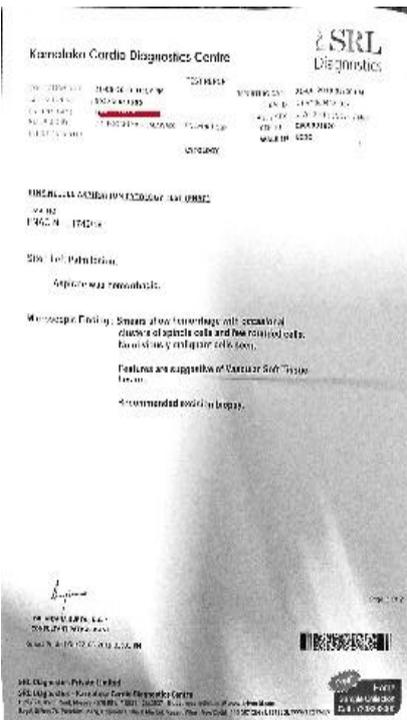


Fig.2

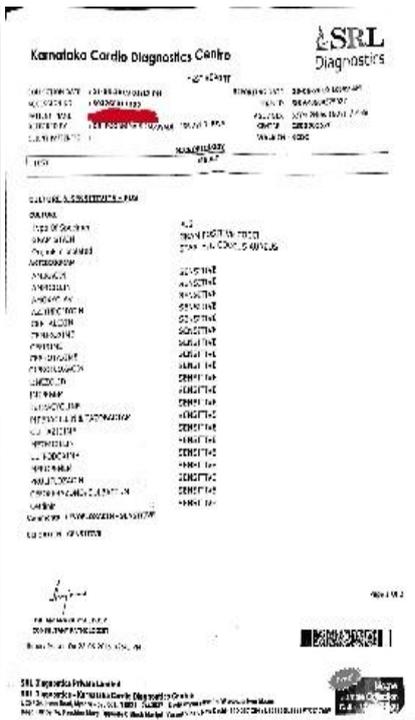


Fig.3



Fig.4



Fig.5



Fig.6



Fig.7

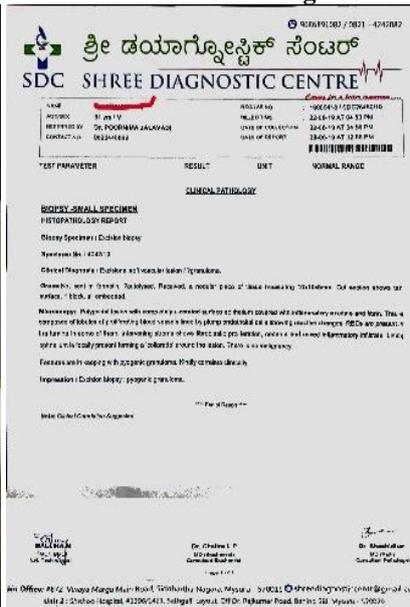


Fig.8



Fig.9

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