



Case Study

AN INTEGRATED APPROACH IN TREATING NECK ABSCESS WITH NECROTISING FASCITIS - A CASE REPORT

Fassi ur Rahman^{1*}, Prasanna N Rao², Gopikrishna B J³

*1PG Scholar, ²Principal and Professor, ³Professor and HOD, Dept. of Shalya Tantra, SDM College of Ayurveda, Hassan, India.

ABSTRACT

Objective: *Sushruta* has explained various methods for *Vrana Chikitsa*. *Virechana* is vital to remove the vitiated *Dosha* from the body in turn normalize them and prevent recurrence of the abscess. *Vrana Pichu* is one of the best substitutes for wound healing and *Jathyadi Taila* has better *Shodhana* and *Ropana* effect. **Case:** A case of 70 year old man, who presented with complains of swelling in left antero-lateral aspect of the neck since 4 days along with fever, pain and discolouration of the skin has been taken for the study. **Methods:** Initial I&D was done followed by a course of antibiotics. Then *Deepana* and *Pachana*. After *Abhyantara* and *Bahya Snehana* and *Svedana*, *Virechana* was administered. *Vrana Pichu*, with *Jathyadi Taila* was done every day. **Results:** The result of the current case study is based on the size of the wound. **Conclusion:** The combination of *Virechana* and *Vrana Pichu* can be used as a line of treatment for the management.

KEYWORDS: *Vrana*, *Jathyadi Taila*, *Shodhana*, *Ropana*, *Virechana*, *Vrana Pichu*.

INTRODUCTION

Necrotizing fasciitis is a rare, progressive and life-threatening polymicrobial infection which spreads with frightening speed along the facial planes and subcutaneous tissue resulting in extensive tissue necrosis and often death. Rapidly spreading necrosis often causes systemic sepsis, toxic shock syndrome and multi organ failure. Necrotizing fasciitis of the neck is rare and commonly has a dental oropharyngeal origin. Factors affecting the success of the treatment of necrotizing fasciitis are early diagnosis, appropriate antibiotics and surgical debridement. This article is presented in a patient with necrotizing fasciitis of the neck originated from odontogenic infection.

In general, the disease is limited only with the subcutaneous tissue and muscle involvement is rare. The fact that necrotizing fasciitis causes tissue necrosis and spreads rapidly along the facial plane is due to its being polybacterial and the synergistic effect of enzymes formed by the bacteria. The most common factor is pathogen streptococcal. While involvement in the head and neck area is rare, it is more common in extremities, genital region and the abdomen.

The main reasons for the disease are odontogenic infections and trauma. The disease frequently develops in individuals who have an

insufficient and low immune system. It is commonly seen in middle aged individuals. The early stage of the disease looks like abscess and cellulitis. The covering skin is usually red and taut.

The diagnosis can be made using a computerized tomography (CT) and subcutaneous gas formation. Treatment of the disease is early diagnosis, a careful aggressive debridement, parental antibiotic treatment, and supporting treatment controlling an underlying preparative and aggravating factor.

This article presents a case of NF that develops in the neck after a dental infection.

Case Report

Complains of swelling in left antero-lateral aspect of the neck since 4 days. Associated with fever, pain and discolouration of the skin.

History of present illness

Patient was healthy 4 days back. Initially he had fever for which he consulted a doctor and was given with IM injection and oral medications (details not available). On the 2nd day he noticed swelling in the left antero-lateral aspect of the neck and neglected it. On the 3rd day he had fever along with toothache for which he consulted a doctor and was given with oral medications (details not available). On the 4th day as the swelling increased along with

blackish discolouration on the left antero-lateral aspect of neck. For these complaints he consulted Shalya Samanya OPD and was admitted for its management in SDM College of Ayurveda and Hospital, Hassan.

History of past illness

K/C/O HTN since 4 years

No H/O DM, or any other medical / surgical illness in the past.

Treatment history

Nothing specific

Personal history

Diet: non-vegetarian

Appetite: regular

Bowel: once a day, normal

Micturition: 7-8 times in day times

Sleep: Disturbed due to pain

Habits: No h/o alcohol intake, no h/o smoking, no h/o tobacco chewing

Examination of the patient

General examination:

GC: Fair

Pallor: Absent

Icterus: Absent

Lymphadenopathy: Absent

Cyanosis: Absent

Clubbing: Absent

Oedema: Absent

Dehydration: Absent

Weight: 56.3kg

Vitals

BP: 140/80 mm of Hg

Temperature: Afebrile, 98.4°F

Pulse: 86bpm, Regular

Respiratory rate: 18/min

Systemic examination

CVS: S₁S₂M₀

CNS: Intact, Conscious, oriented to time, place and person

P/A: Soft, non-tender, no-organomegaly

Respiratory system: B/L equal air entry, Normal vesicular breath sounds, no added sounds

Local examination

Inspection

Number- 1

Location- left antero - lateral aspect of the neck

Size- 15X4X0.5 cms

Shape- oval

Discharge- serous

Odour- no foul smell

Skin- Blackish discoloration present, mild edema present.

Surrounding skin- Mild blackish discoloration present.

Palpation

Temperature - raised in the surrounding tissue

Mild tenderness present

Bleed on touch absent

Investigations

Hb-14.2 gm%

TC- 13,900 cells/cmm

DC- N-84, L-33, M-2, E-5

ESR- 78mm 1st hour

RBS: 100.9 mg/dl

S.Creatinine: 0.9 mg/dl

Lipid Profile: WNL

Diagnosis

Neck abscess with necrotising fasciitis

Treatment given

Patient taken in supine position

Operative field is prepared by antiseptic lotion

Painting, draping done

Monitoring of vitals followed by,

Bhedana and Visravana

Incision was given on the most dependent part and the unhealthy tissue was removed.

Pus was drained

Loculi were broken and remaining pus drained. Hydrogen peroxide and Betadine wash followed by wound toileting with normal saline done.

After complete haemostasis the wound is packed tightly with gauze soaked with *Jatyadi taila*.

Post-operative care

IV antibiotics for 3 days followed with oral antibiotics for 5 days was administered.

Daily dressing

Wound dressing done with *Jatyadi Taila (Pichu)* twice daily.

After 8 days, patient was administered with *Classical Virechana*



Neck abscess with Necrotising fasciitis



Intra Operative 20/05/2019



After I & D



Healthy Granulation 29/05/2019 - Day 9



Healing 17/06/2019 - Day 27



Complete healing of wound after 8 weeks

RESULT

Healthy granulation present.
No systemic and local complications.
Well tolerable and affordable to the patient.
Healed completely.

DISCUSSION

Most of the ingredients of *Jatyadi Taila* are having *Shodhana, Ropana, Vedana Sthapana Karma. Tikta, Katu, Kashaya Rasa.*

Laghu, Ruksha Guna.

Kashaya Rasa – Shodhana, Vrana Ropana

Tikta Rasa – Twak Mamsa Sthireekarana, Lekhana

Tuttha – Lekhana Karma.

Jatyadi Taila helps in reducing microbial load and promotes healthy granulation.

CONCLUSION

Jatyadi Taila resulted in reduction in size of the ulcer, discharge, burning sensation, tenderness,

pain and itching. *Jatyadi Taila* is having more of *Shodhana* and *Ropana Guna*.

Thus it can be concluded that *Jatyadi Taila* application externally is more effective in *Vrana* by its *Shodhana*, *Ropana*, *Vedana Shamaka* properties.

REFERENCES

1. Lorenzini G, Picciotti M, Di Vece L, Pepponi E, Brindisi L, Vessio V, Maffei M, et al. Cervical necrotizing fasciitis of odontogenic origin involving the temporal region - a case report. J Craniomaxillofac Surg. 2011; 39(8):570-573.
2. Dr. Anantram Sharma, Sushrut vimarshini commentary on Sushrut Samhita, Chikitsa sthan- Chapter 4 (Vat Vyadhi chikitsa- Shlok 7) Volume 2, Published by Chaukhamba Prakakashan- 2009, Page 205.
3. Shastri A.D., (2007) Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint) Chaukhamba Sanskrit Sansthan; Varanasi; Vol.-2, Sutrasthan. ch.11, pp. 539-540.
4. Trikamji AJ, editor. 25th Adhyaya chikisthasthana. Charaka samhita. 5th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2006.
5. Singh A, Shrivastav P, Shulka V. Evaluation of Nimbataila and Manjisthadi churna in non-healing ulcer International Research Journal of Pharmacy 2011, 2(5) 2011, 201-210.
6. Dr. Prashantha K, Dr. Shankara Prasad K. Management of a Venous Ulcer with Virechana Karma and internal medications- A Case Report. J Ayurveda Integr Med Sci 2018; 3:232-236.

Cite this article as:

Fassi Ur Rahman, Prasanna N Rao, Gopikrishna B J. An Integrated Approach In Treating Neck Abscess With Necrotising Fasciitis- A Case Report. International Journal of Ayurveda and Pharma Research. 2020;8(9):35-40.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Fassi Ur Rahman

PG Scholar,

Dept of Shalya Tantra,

SDM College of Ayurveda, Hassan,
Karnataka, India.

Email: fassiurrahman@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

