

INTEGRATIVE MANAGEMENT OF INDUCED GLUTEAL ABSCESS (INJECTION ABSCESS): A CASE REPORT

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ABSTRACT

Background: Gluteal abscess is a common complication of intramuscular (IM) injections, usually caused by infection due to improper aseptic technique or tissue trauma. It presents with localized pain, swelling, redness, and may lead to systemic infection if untreated. Standard management involves incision and drainage along with antibiotic therapy. However, wound healing remains a crucial aspect of recovery. Integrative approaches, including the use of Various kashayas like Triphala kashaya (shodhana) and taila (Ropana) Specially Jatyadi Taila—known for its wound-healing and anti-inflammatory properties—may enhance tissue repair and promote faster healing.

Case Presentaion: A 75-year-old male patient presented with pain and swelling in the right gluteal region, associated with fever and loss of appetite for 2 Weeks Clinical examination revealed a tender, fluctuant mass suggestive of gluteal abscess.

laboratory investigations revealed leukocytosis (WBC 14,800) with neutrophilia (80%), indicating a bacterial infection, and pus culture and sensitivity confirmed the presence of Staphylococcus aureus, consistent with a diagnosis of Induced gluteal abscess.

Intervention: Integrated management consisting of incision and drainage (I&D) of the abscess with Kshara application followed by regular dressing with Jatyadi Taila under aseptic precautions.

Conclusion: Integrated management of gluteal abscess using incision and drainage with Kshara application followed by cleaning with the help of Triphala kashaya followed by Jatyadi Taila dressing helps in effective drainage, removal of unhealthy tissue, and promotes faster wound healing with reduced chances of recurrence.

KEYWORDS: Induced Gluteal abscess, Incision and drainage, Kshara application, Jatyadi Taila, Wound healing, Shodhana, Ropana, Kasahaya, integrated management.

INTRODUCTION

Abscess formation in the gluteal region is frequently associated with severe pain, infection, and functional limitation^[1], especially in elderly patients. Proper surgical drainage and effective postoperative wound management are essential for preventing complications.^[2] Jatyadi Taila has been described in classical Ayurvedic literature for its antimicrobial, antiinflammatory, and healing properties.^[3] This case report highlights the role of Jatyadi Taila in postoperative wound healing following surgical management of gluteal abscess.^[4]

CASE PRESENTATION

A 75-year-old male patient presented with pain and swelling in the right gluteal region, associated with fever and loss of appetite for 2 Weeks, Clinical examination revealed a tender, fluctuant mass suggestive of gluteal abscess.

Past History

N/K/C/O T2DM /HTN

Nothing Significant

Examination



Right Gluteal region**Wound Size:- 8*3*2.5**

Clinical examination revealed a a tender, fluctuant mass suggestive of gluteal abscess.

Investigation

- Leukocytosis (14800 Cu/mm)
- Elevated ESR/CRP
- culture - Staphylococcus aureus isolated

INTERVENTION**Pre-operative**

- Patient positioned prone under strict aseptic precautions.
- Spinal anesthesia administered.
- Part painted, draped, and fluctuant area identified.

Operative Procedure

After painting and draping, the most dependent and fluctuant part of the gluteal swelling was identified and a cruciate incision was made. Thick pus was completely drained and loculations were broken using artery forceps (lysis). Necrotic and unhealthy tissue was removed, and the abscess cavity was thoroughly irrigated with normal saline. After achieving adequate drainage and hemostasis, Kshara was applied carefully over the inner lining of the cavity to chemically cauterize residual unhealthy tissue washed with triphala kashaya and application of jatyadi taila promotes healthy granulation tissue formation, and reduce the recurrence rate.^[5] The Kshara was washed with left for a 100 Matra kaala and then neutralized with saline wash.^[6] Subsequently, the cavity was washed with Triphala kashaya then loosely packed with sterile gauze soaked in Jatyadi Taila to enhance wound healing, support healthy granulation tissue, and facilitate gradual cavity contraction⁷. Daily aseptic dressing with Jatyadi Taila was continued Upto 1 week followed by alternative dressing till satisfactory wound healing was achieved.

Post-operative

- Tab Triphala Guggulu 1-0-1
- Tab Gandaka Rasayana 1-0-1
- Daily dressing with Jatyadi Taila.

RESULTS

- Complete drainage with relief from pain.
- Healthy granulation and progressive wound healing observed.
- Reduction in cavity size without slough.
- No complications or recurrence noted.

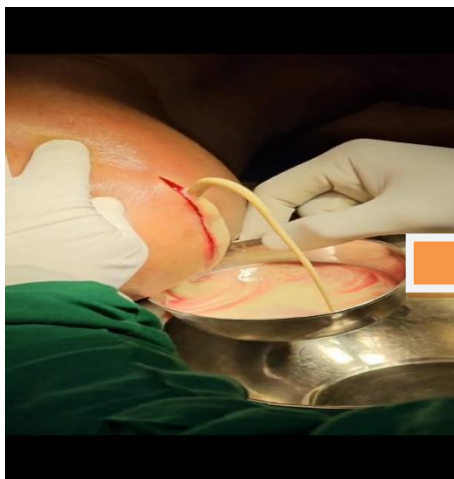
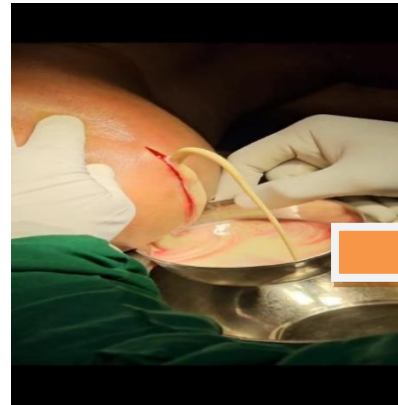
DISCUSSION

Gluteal abscess is a localized collection of pus resulting from infection, often associated with pain, swelling, and functional discomfort. Timely and effective management is essential to prevent complications and recurrence. In the present case, a combined surgical and para-surgical approach was adopted, integrating conventional incision and drainage with the application of Kshara and Ayurvedic wound care principles.

The procedure involved adequate incision and drainage of the abscess, thorough debridement, and irrigation, followed by the application of Kshara to achieve chemical cauterization of residual unhealthy tissue. This step played a crucial role in minimizing slough, preventing persistence of infection, and promoting a clean wound bed. Subsequent wound management with Jatyadi Taila dressing supported faster healing and tissue regeneration.

Post-operatively, daily aseptic dressing was carried out for the first week, during which healthy granulation tissue formation was observed progressively, along with reduction in cavity size and absence of necrotic tissue. This was followed by alternate-day dressing, which continued to support gradual wound contraction and complete healing.

Overall, the combined approach proved effective in ensuring complete drainage, early formation of healthy granulation tissue, faster wound healing, and prevention of recurrence without complications. This highlights the efficacy of integrating Kshara application and Jatyadi Taila dressing in the management of gluteal abscess.

FOLLOW UP ASSESSMENT**CONCLUSION**

Gluteal abscess requires prompt surgical intervention to prevent complications and ensure effective recovery. In this case, incision and drainage combined with the local application of Jatyadi Taila resulted in significant improvement in wound healing. The formulation's well-documented antimicrobial, anti-inflammatory, and wound-healing properties facilitated rapid

slough clearance, enhanced granulation tissue formation, and reduced healing time⁸. This integrative approach underscores the clinical relevance of combining standard surgical procedures with classical Ayurvedic therapies to achieve improved postoperative outcomes, particularly in infection-prone wounds.

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