

Management of Sebaceous Cyst by Prathisaraneeya Kshara

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Abstract

A sebaceous cyst is a common cystic disorder that originates in the cutaneous tissues. It is a retention cyst occurring due to blockade of the duct of sebaceous gland, causing a cystic swelling with a small central punctum¹. It may occur anywhere, most commonly on the scalp, face, scrotum and back of the neck. It progresses slowly and is generally non-life threatening, but may remain uncomfortable if unattended, especially when infected. Ayurveda has explained various types of swellings under the titles grandhi, vranashopha etc., details being discussed in the later part of this article. This article is based on a single case study of a patient with sebaceous cyst managed in P.N.N.M. Ayurveda College and Hospital, Thrissur, Kerala.

Keywords

Sebaceous cyst, grandhi, vranashopha

Introduction

Sebaceous cyst is a benign encapsulated, sub-epidermal nodule filled with sebum, a fatty substance secreted by sebaceous glands meant for moisturizing skin. Sebaceous cyst has a prevalence rate of 5 per 1000². It is predominantly seen in males, the male to female ratio is 2:1. It is generally seen as a soft, movable, slowly enlarging non-tender mass, most commonly located on the face, neck, and trunk and also anywhere including the genitalia. Rarely, it may even make its presence within the buccal mucosa as well. Such cysts may progress slowly and remain static for years.

Most of the patients with sebaceous cyst usually give a prolonged history of the condition before they seek medical advice. The formation of the cyst is due to mechanical block of the duct followed by retention of secretion. This is accompanied by a continued and increased activity of the cells within the cyst as a result of the chronic irritation of retained secretion. This may rarely become infected.

Swellings are described under the titles of vranashopha, grandhi etc. along with its management in the treatises of Ayurveda. The systematic and scientific management of abscesses and wounds are explained in detail. The clinical condition mentioned in Ayurveda which bears at least some degree of resemblance with sebaceous cyst is infected kaphaja grandhi. A grandhi is a growth which is formed in the body when the vata and pitta associates

with kapha dosha, aggravates and vitiates rakta, mamsa and meda forming a spherical hard swelling³. Acarya Susrutha states another condition, medaja grandhi which is a painless lump, its size increasing and decreasing in tandem with the upachaya and apachaya of the body. As the contents of sebaceous cyst are likely to be inadvertently squeezed out on pressure leaving an empty cyst which will remain quiescent for a long period, there is a reason for similarity of sebaceous cyst with medoja grandhi also⁴. Occasionally it may present with itching. The lesion contains a fatty liquid that resembles paste of sesame or ghee⁵. This could be indicative of the discoloured greasy exudates seen in sebaceous cysts in the infected state. Thus, while kaphaja grandhi can be considered as the likely Ayurveda counterpart of sebaceous cyst in some respects, in certain other respects medoja grandhi is the probable candidate.

While mentioning the chikitsa for grandhi, it is advised to adopt the management methods of vrana shopha (inflammatory swellings), the saphthopakrama (vimlapana, avasechana, upanaha, patana, shodhana protocol terminating with ropana)⁶.

Case Report

A 61 years old male patient presented with complaints of a swelling near the shoulder since 10 years, associated with pain and slight greasy discharge from the swelling.

History of Presenting Illness

The patient noticed a swelling since 10 years near his right shoulder. Occasionally the swelling discharged a hard greasy substance on pressure application after which it subsided to reappear after a period of time. He kept ignoring this sequel.

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Two months ago, the swelling progressively increased, associated with moderate degree of pain.

The patient is a known case of diabetes mellitus since 6 years and is on medication for the same.

No history of direct trauma. No relevant family history, surgical or allergic history.

General Examination

Moderately built and conscious. Vitals – within normal limits.

Local Examination

Inspection - Blackish swelling at right shoulder 7 to 8 cms from acromion, measuring 7.5cm x 5cms.

Palpation - Cystic lesion with firm consistency. Mild fluctuation could be elicited. Slight discharge on moderate pressure. Tenderness present, but minimal.

Shopha avastha: Pakwam

Kriyakala: Bhedavastha

Treatment Given

Bhedana and visravana was opted as the case was in paripakwavastha during the time of consultation, sinus forceps was used to relieve the adhesions and to drain out the contents.

However, owing to the chronicity of the case, there were evident adhesions with vascularity between the cystic wall and the surrounding tissue. Hence, there was doubt whether the enucleation along with cyst wall done was perfect or not. During the follow up period, the wound was managed according to the symptoms.

The bhedana and visravana ensured sudden relief of the symptoms. The wound was then dressed and packed with jathyadi ghrita varti⁷ daily. Internal medicines given were mahatiktaka kashaya⁸ and pachanamrtha kashaya⁹. The 4th and 9th day visits showed considerable relief of symptoms like pain, discharge and discoloration. On 16th day, the wound was healing, but of slower rate. Hence the wound was once again laid open full to expose the floor of the ulcer. Nalikera kshara lepa was applied for 1.5 minutes (100 matras) followed by jambeera swarasa for another 1 minute. From the ensuing day, the patient was managed locally with a pack of jathyadi kera taila varti¹⁰.

Table No. 1 Stage wise management

Visit	Clinical Presentation		Management
1st day 23/03/21	- Cystic swelling on right upper back with a punctum - Pain, exudation of greasy substance		- Bhedana & Visravana- Punctum, opened & drainage done  - Mahatiktaka Ks - Pachanamrutham Ks - Biogest Tab.
4th day 26/03/21	- Color- grey - Exudate- less - Pain- absent		- Rpt medicines - Cavity was cleaned & packed with jathyadi taila - Rpt follow up & dressing
9th day 31/03/21	- Color- dark grey - Exudate- absent - Pain- absent		- Rpt medicines - Cavity was cleaned & packed with jathyadi taila - Rpt follow up & dressing

16th day 07/04/21	- Slow healing - Remnant cyst capsular coat inside.	Cavity was opened 	Kshara applied 
23rd day 14/04/21	Healing in progress with		- Rpt medicines - Cavity was cleaned & packed with jathyadi taila - Advised daily dressing from home
40th day 01/05/21	Wound closed		-

Discussion

The formation of a sebaceous cyst is due to mechanical blocking of the duct followed by retention of secretion. Over time, the wall may be lined by epithelium.

The case presented here was a severely infected sebaceous cyst with a prolonged history in a diabetic person, associated with moderate degree of pain. The standard management of sebaceous cyst is total excision of the cyst with its capsule. Removal of the whole cyst is inevitable to prevent the recurrence. Acharya Charaka has instructed removal of grandhi to be done 'sakosha'¹¹. This dictum was not easy to be followed in this case as it was heavily infected and had resulted in adhesions of the lining of the cyst with the underlying fascia and vascularity. Hence initially, it was approached surgically with bhedana (incision) and visravana (drainage) for the expulsion of the collection. Removal of pathological contents is the motto followed by classical authors like Susrutha¹².

The un-removed wall of the cyst will result in recurrence in the long run and hence the wall has to be annihilated. This was done with the help of Naalikera kshara lepana. Kshara lepa due to its lekhanatva and shodhanatva¹³ acts upon the cyst wall to disintegrate it. The application of jathyadi kera taila varti as the next step acts as ropana and sandhana, promoting faster healing¹⁰. The

medicines given internally were also having role in the overall management. Mahatiktaka kashaya balances the tridosha and is basically kapha pitta hara. Pachanamrtha kashaya improves amapachana and is administered to prevent any infection that might occur after I & D.

Conclusion

Sebaceous cysts often don't require treatment. If complicated, surgical excision of the encapsulated cyst is the standard treatment. Considering the paripakwavastha, the abscess had to be drained initially. Later, the application of kshara karma for lekhanatva, ensured entire removal of the remnants of the cystic wall, thus preventing chances of recurrence. The internal medications given accelerated the shodhana-ropana of the vrana. However, as this case was subjected to secondary intention of healing, formation of a minor surgical scar is acceptable.

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