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A single case report on management of Bilateral Epididymal Cyst - A successful Ayurvedic Surgical Approach

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ABSTRACT

Cysts are the fluid filled sacs. It can occur anywhere in the body. Epidydimal cyst occurs in male commonly in the middle age group. When it is small in size, there is no need of any treatment. If the size is large the ultimate treatment is the surgery that is excision of sac. If left untreated it may cause abscess and even destroy the epididymis which can lead to infertility. Here we report a case of bilateral Epididymal cyst in a 63 year old man who was admitted and underwent the *Chedana Karma* for the removal of the cyst/*Kaphaja Granthi*. He was successfully managed with regular wound care and dressings and patient had complete relief from his complaints. Detailed case history is presented below.

Key words: *Epididymal Cyst, Kaphaja Granthi, Chedana, Excision, Case Report, Ayurveda.*

INTRODUCTION

A soft fluctuant swelling containing fluid in a sac lined by epithelium or endothelium is called Cyst. The word Cyst derived from Greek word meaning bladder.[1] In *Ayurveda* cyst can be compared with *Granthi*. It is the caused by aggravated *Vatha*, *Pitta* and *Kapha* vitiates the *Mamsa, Rakta* and *Meda* mixed with *Kapha* gives rise to round (*Vritta),* elevated *(Unnatha)* and consolidated *(Grathitha)* swelling called *Granthi* (cyst).[2] Cyst of the epididymis, which are congenital and usually derived from an embryonic remnant around the epididymis and filled with crystal clear fluid. Though congenital, these cysts are usually found during middle life. When we go through incidence it is found in 20 to 40% of male population.[3] If left untreated may cause abscess and even destroy the epididymis which can lead to infertility.[4]

The Epididymal cyst condition is often bilateral. These cysts are situated behind the body of testis. These cysts are due to cystic degeneration of;

a. Remnants of the Paramesonephric or Mullerian duct - the appendix of testis (sessile hydatid of Morgagni)

b. Remnant of mesonephric duct or Wolffian duct system.

   1. The para epididymis or organ of Giraldes - this is the most cause
   2. Appendix of the epididymis or Pedunculated of Morgagni
   3. The Vas Aberrans of Haller[5]

Clinical Features

- Swelling in the scrotum
- Non Tender
- Mobile
- Cystic

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- Increasing in size over a period of time
- Heaviness

These are the tense cysts. These consists of aggregation of number of small cysts which feel like bunch of tiny grapes[6] Fluctuation testes is difficult to elicit.

These cysts are very common, usually multiple and vary in size at presentation.[7]

Trans - illumination Test: These are brilliantly translucent but are finely transilluminant due to presence of numerous septae giving all appearance of Chinese lantans.

The content of the cysts is crystal clear fluid which will be evident on aspiration.[5]

CASE REPORT

A 63 year old male patient (OP - 13507, IP - 36339) visited the OPD of *Shalya Tantra* with the complaints of increased size in bilateral scrotum associated with itching and discomfort since a year.

History of Present Illness

As per patient he was apparently normal a year back but he gradually noticed increasing size of his bilateral scrotum associated with discomfort for which he approached a nearby doctor but did not get any relief from his symptoms, so he approached JSS Ayurveda Medical Hospital, Mysore, for further management.

History of Past Illness

N/K/C/O T2DM/HTN/IHD/COPD/Thyroid dysfunction

No history of previous surgery.

Family History: Nothing significant.

Personal History

He was vegetarian,

Vyasana : Coffee

Mutra : 4 -5 times /day

Mala : once in a day.

General Examination

Built - Moderate

Appearance - Normal

Temperature - 98°F

PR - 66B/M

RR - 18 cycles/ min

BP - 130/80 mmHg

Nourishment - Moderate

No evidence of pallor / icterus / cyanosis / edema/ clubbing

Systemic Examination

CNS

Higher mental function test : Conscious well oriented with time place person.

Memory: Recent and remote : intact

Intelligence : Intact

Hallucination / delusion / speech disturbance : Absent

Cranial nerve / sensory nerve / motor system : normal

Gait : Normal

CVS

Inspection : No scar/pigmentation found

Auscultation : S1 and S2 heard

Percussion : Normal cardiac dullness

RS

Inspection : B/L symmetrical

Palpation : Trachea is centrally placed, Non tender

Auscultation : B/L NVBS heard

Percussion : Normal resonant sound

GIT

Inspection : Umbilicus centrally placed**,** Not distended, No visible vein**,** No scar/pigmentation

Palpation : Soft, non-tender, No organomegaly

Auscultation : Normal peristaltic sound heard (4/m)

Percussion : Normal resonant sound heard over abdomen

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Local Examination / Examination of Cyst

Site : Bilateral Scrotum

Number : 2 cyst

Size : Left (10x6x5), Right (8x4x3)

Shape : spherical

Surface : Smooth, regular and shinny

Skin : Soft, smooth

Edge : Regular, smooth

Pigmentation : Absent

Tran's illumination Test : Positive

Fluctuation Test : Positive

Get above swelling : Positive

Consistency : Soft

Reducibility : Irreducible

Traction Test : Negative

Testis : Not separately palpable

Epididymis : Not felt

Lymph Node : Not palpable.

Investigation Done

Ultrasound Doppler study of testis : Bilateral large loculated Epididymal Cyst.

Diagnosis : Bilateral Epididymal cyst (*Kaphaja Granthi*)

Treatment Planned : *Chedhana Karma* (Excision of cyst)

Operative Procedure

Pre-Operative

- Patient advised for NBM for 6 hours before surgery.
- Injection TT IM 0.5mg stat and Injection XYLOCAINE 0.5mg subcutaneous given.
- Proctoclysis enema given for emptying the bowel.
- IV fluids started one hour prior to surgery.

Operative Procedure: 7/7/2021

Under all aseptic precautions patient was shifted to OT.

↓

Spinal Anesthesia given

↓

Part Prepared and draped

↓

Incision over Left Scrotum, 1-2cm away from the median raphe parallel to it, was done

↓

Opened all layers one by one; Skin →Dortos muscle → External spermatic Fascia → Cremastric Fascia → Internal spermatic Fascia reached Tunica Vaginalis

↓

Opened the Tunica Vaginalis

↓

Identified the testis location by palpating Tunica Vaginalis (to avoid the Testis damage)

↓

Sac/Cyst was identified and separated

↓

A big sac was excised out

↓

Multiple sac's were drained and excised

↓

Incision over Tunica Vaginalis layer was extended

↓

Testis was visible

↓

Taken Thunica Vaginalis to posterior aspect i.e., eversion of sac done

↓

Cut edges of Tunica Vaginalis was sutured with Vicryl 2.0 suture material

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↓

A corrugated rubber drain was kept for drainage purpose.

↓

Scrotum sutured in layers

↓

Same procedure was carried out on the right side

↓

Hemostasis achieved & whole procedure was uneventful

Post OP

- Patient advised NBM for 6 hours after surgery
- Catheterization was done
- Advised for restricted head movement for 6hours of surgery
- Foot end elevation for 6hours of surgery

Treatment given

- T. *Triphala Guggulu* 2/0/2 after food for 5 days
- T. *Gandhaka Rasayna* 2/0/2 after food for 5 days
- T. *Shallaki* Plus 2/2/2 after food for 5 days
- Syp *Dashamoolorishta* 40ml/ 0/40ml after food for 5 days
- *Swamla* compound ½ tsp /0/ ½ tsp
- IV Antibiotics and Analgesics for 3 days

Advice on Discharge

- T. Pan D 1/0/1 before food for 5 days
- T. Mahacef 1/0/1 after food for 5 days
- T. Metrozyl 1/0/1 after food for 5 days
- T. Ultracet BD after food for 5 days
- T. *Triphala Guggulu* 2/0/2 after food for 5 days
- T. *Gandhaka Rasayna* 2/0/2 after food for 5 days
- *Swamla* compound ½ tsp /0/ ½ tsp
- Syrup. Amyron 20ml/0/20ml after food
- T. Shallaki Plus 2/2/2 after food for 5 days
- Regular Dressing and wound care did every alternate day.

Follow up after Surgery

- Patient advised to for follow up for every week
- Suture was removed after 15 days of surgery.
- Wound was completely healed, patient was feeling better
- No evidence of complications found

Image 1: Pre OP picture

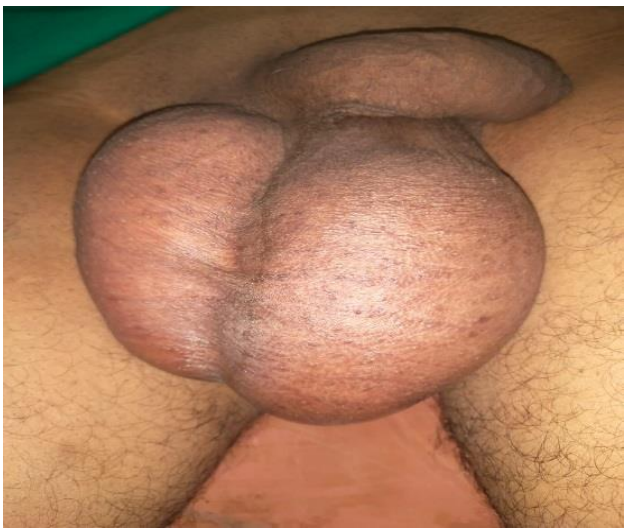

Image 2: Post OP picture

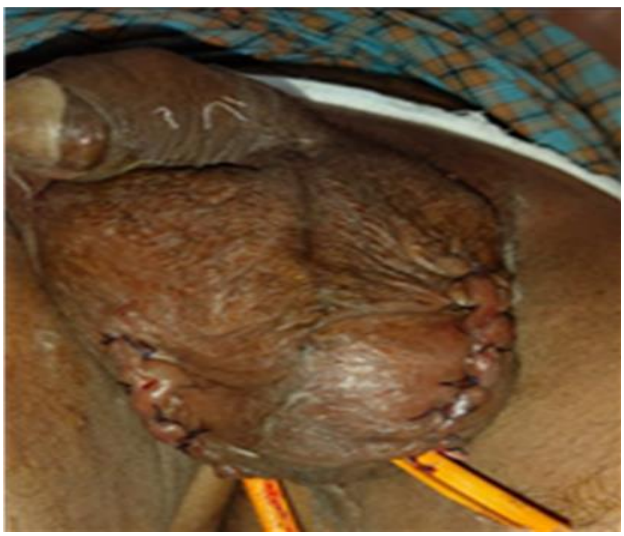

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Image 3: After 15 days of surgery

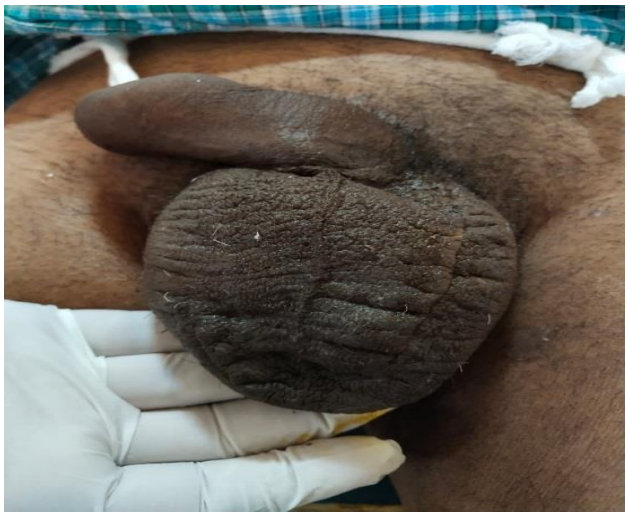

Image 4: One month after surgery

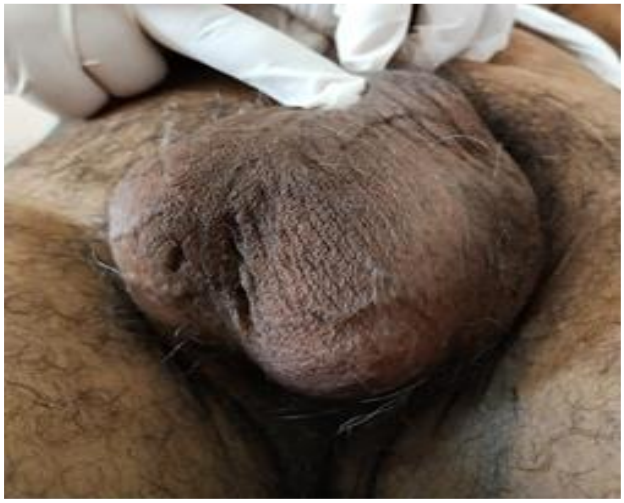

Image 5: Incised and opened the left scrotum

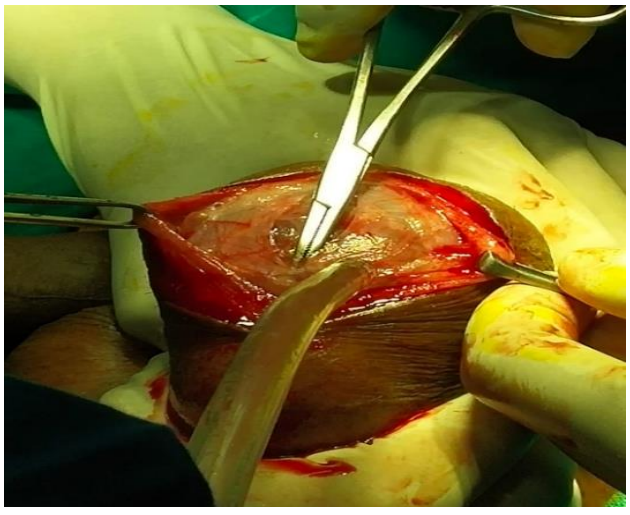

Image 6: veiw of left epidydimal cyst during surgery

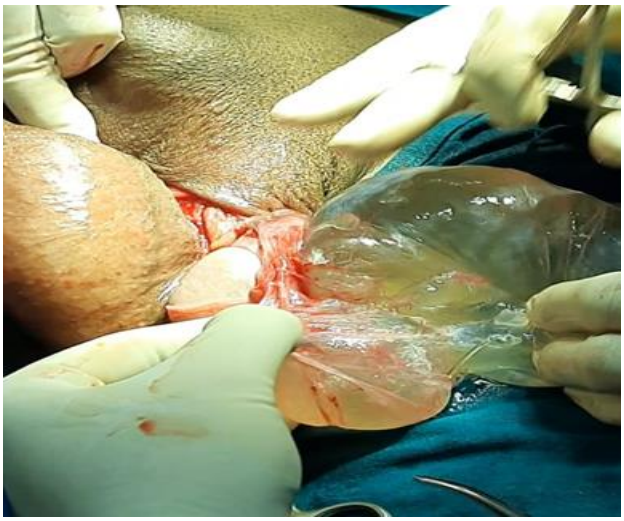

Image 7: Left epidydimalcyst during surgery

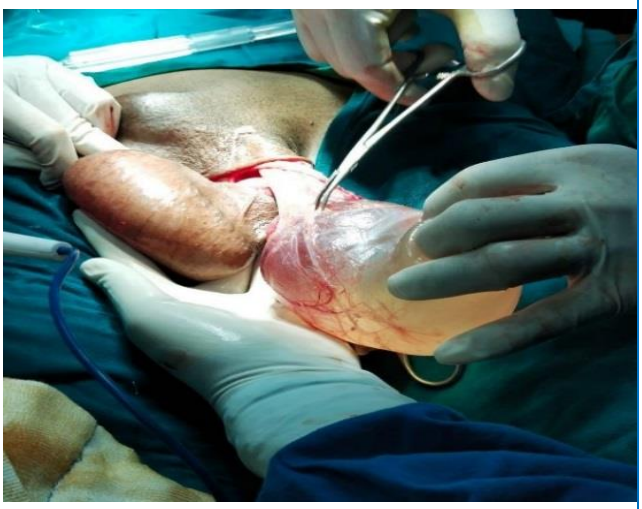

Image 8: Right epidydimal cyst during surgery

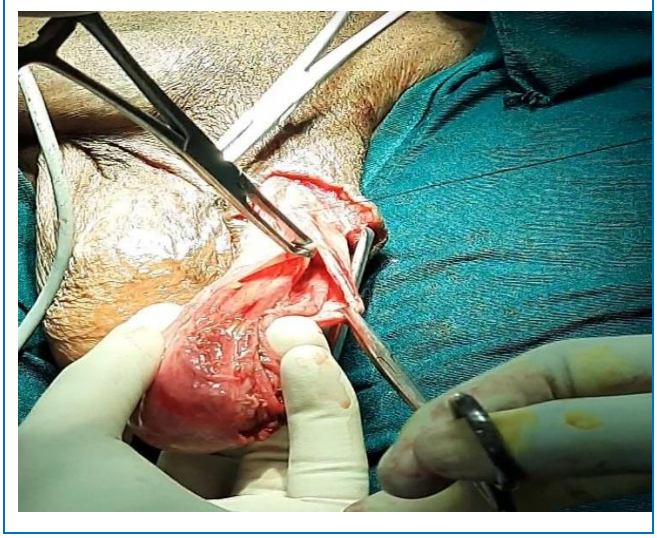

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Image 9: During Approxiamtion of 2 cut ends of left scrotum

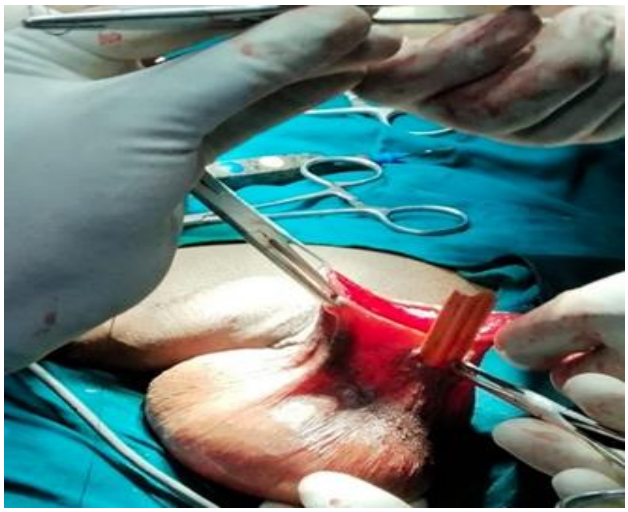

Image 10: After removal of left epidydimal cyst

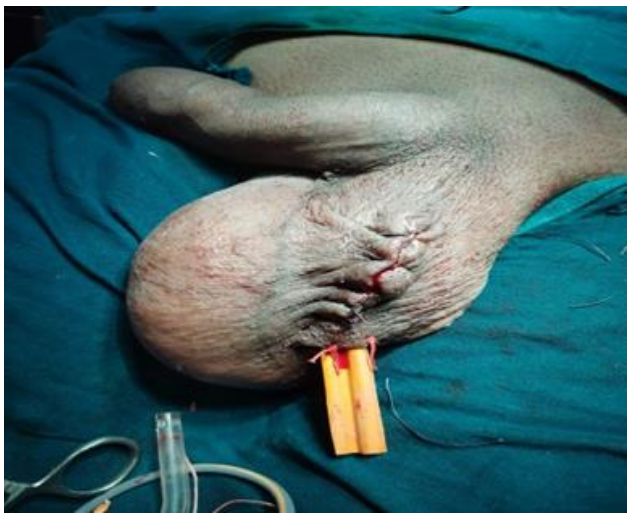

Image 11: Incised and opened the right srotum

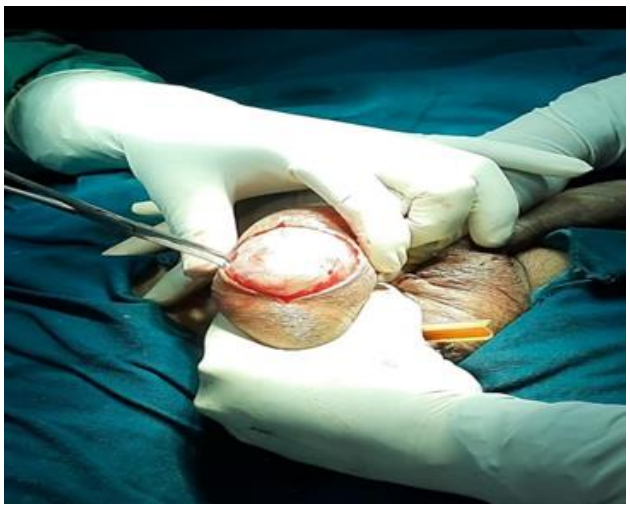

Image 12: View of right epidydimal cyst during surgery

Image 13: View of right epidydimal cyst during surgery

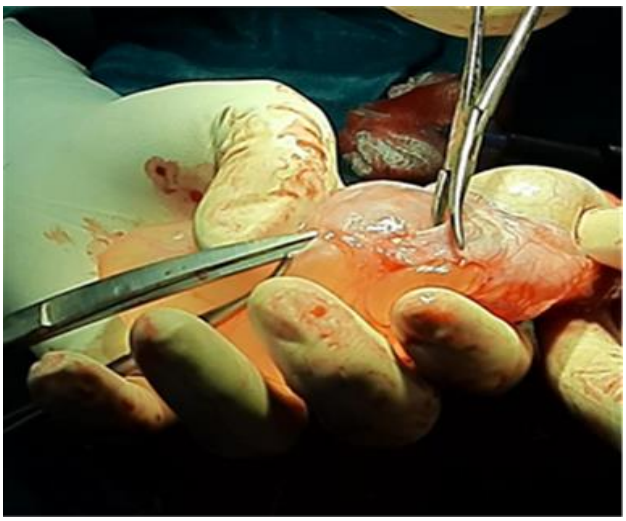

Image 14: View of right epidydimal cyst during surgery

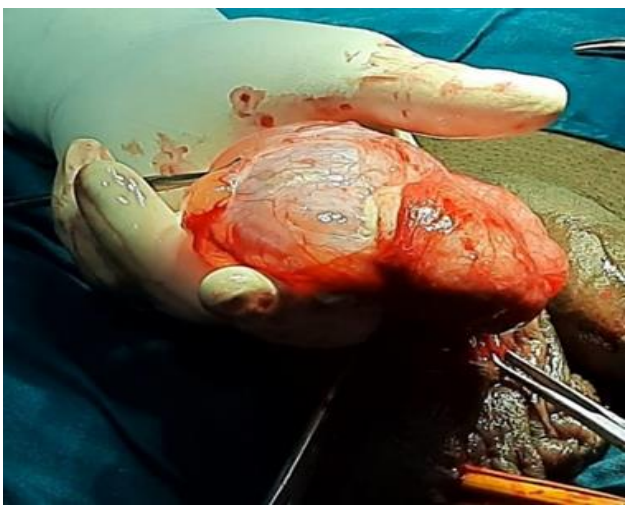

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Image 15: During suturing of right scrotal layers

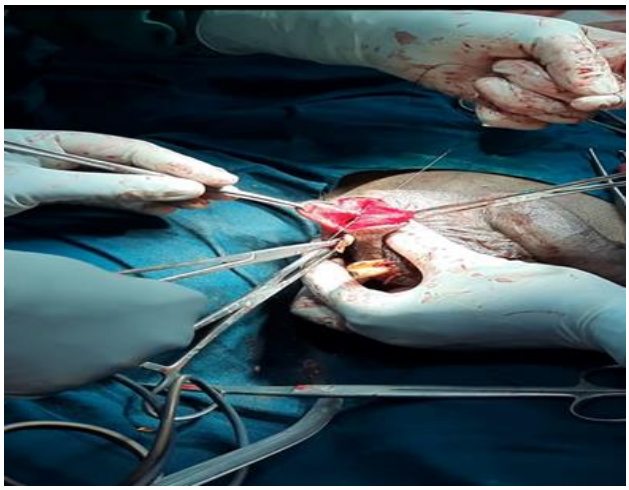

Image 16: after the complete procedure

Discussion

Clinically differentiation of epididymal cyst from hydrocele always important, in present case was clinically diagnosed as hydrocele, because Trans illumination and fluctuation test were positive but by ultrasonography conformed it as an epidydimal cyst.

If the cyst is small no treatment is required, if the cyst is large and causing discomfort, surgical treatment has to be done.[5]

As per *Sushruta* present case can be compared with *Kaphaja Granthi*. It will be having symptoms like swelling will be cold to touch (*Sheetha*), not discolored (*Avivarna*), has slight pain but severe itching (*Rujo Athikandu*), grown big like a stony appearance (*Pashanavath Samhanopanna*).[8] *Kaphaja Granthi* is *Chedhana Sadhya Vyadhi* by *Acharya Sushrutha*. The wise surgeon can apply the surgery of *Mutravriddi* in *Kaphaja Vidradi* told by *Acharya Sushrutha* in *Muthra Vriddi Chikithsa Adhyaya*. The procedure goes like this fomentation (*Swedana*) followed by a puncture should be made at the inferior surface of scrotal sac with a *Vrihimukha Shastra* on either side of Median raphe of Scrotum (*Sevani*). Then *Dvimukha Nadi* (Tube open at both ends) should be introduced and accumulated fluid should be tapped out.[9] Then tube should be removed and bandaged. It is almost similar to surgery (Jaboulay's method of eversion of sac)[10] which is currently practiced in modern science. As per intelligence of surgeon, same procedure can adopted in an Epididymal cyst excision followed by eversion of sac but only change made was use of *Chedhana karma* of *Granthi* as per the *Yukthi* of the *Vaidya*.

Conclusion

Epidydimal cyst often bilateral, contains clear fluid. They feel like bunch of tiny grapes situated behind the body of the testis. Cysts are compared as *Granthi* in Ayurveda surgical excision only the line of treatment if it is larger in size. In case of Epidydimal cyst, cyst will be present at behind the body of the testis. As per *Yukti* of surgeon adopt the surgery explained in *Mutravriddi Acharya Sushrutha* in his time period. As it is almost similar to Jaboulay's method of eversion of sac nowadays. By this one can understand that before invention of modern surgical technique excision of sac, our *Acharya*'s were well versed in excision of Epidydimal cyst and aversion of sac. By this we can come to a conclusion that Acharya *Sushrutha* performed various surgical procedures not only *Mutravriddi* but various other surgical procedures for various surgical diseases was also told and saved numerous lives before modern system opened its eyes. That's why *Acharya Sushrutha* till date is called as father of surgery and branch of surgery is ever green.

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