

## MANAGEMENT OF CONCEALED HAEMORRHAGE WITH INCISION AND DRAINAGE UNDER LOCAL ANAESTHESIA – A CASE STUDY

Payal Babasaheb Benkar<sup>1\*</sup> and Madhavi S. Banarase<sup>2</sup>

<sup>1</sup>P.G Scholar Shalya Tantra College of Ayurved and Research Centre, Nigdi, Pune.

<sup>2</sup>Hod, Department of Shalya Tantra College of Ayurved and Research Centre, Nigdi, Pune.

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**\*Corresponding Author**

**Dr. Payal Babasaheb  
Benkar**

P.G Scholar Shalya Tantra  
College of Ayurved and  
Research Centre, Nigdi,  
Pune.

### ABSTRACT

**Introduction-** Surgery is one of the branches of Ayurveda also known as Shalyatantra. Acharya Sushruta made important contribution to the field of surgery. Incision and Drainage is a procedure by which any collection beneath the skin or between the muscles or between any plane is drained by making an incision on the overlying structure. **Case Presentation-** A 53 yr old male patient had come to the opd with the gross swelling over anterolateral aspect of right thigh with the pain and ecchymosis over the same region and multiple ecchymotic patches b/l ankle joint since he came across with an accident (dashed by a 4 wheeler) 15 days back. **Management and Outcome-** The 2 separate stab Incisions were made 1<sup>st</sup> on prominent part and 2<sup>nd</sup> counter incision on the depending part of thigh. All the liquefied haematoma was

drained through the incisions, cavity irrigation done and 2 corrugated drains kept and fixed and pressure dressing done with the application of tight crepe bandage. **Discussion-** This case report proved that the huge liquefied haematoma can also be drained through small incisions under local anaesthesia.

**KEYWORDS:** Haematoma, Ecchymosis, Incision and Drainage.

### INTRODUCTION

According to source of hemorrhage it can be classified in two ways 1. External, 2. Internal Internal hemorrhage is not seen from outside or also called as concealed hemorrhage (hematoma).

It may arterial venous or capillary.

Hematoma is an abnormal collection of blood, usually in the subcutaneous layer of the recent incision or after blunt trauma or in the potential space in the abdominal cavity after extirpation of an organ. It may be subcutaneous or intramuscular or subfascial or intraarticular.

The clinical manifestation of hematoma may vary with size, location and presence of infection. It may manifest as an expanding unsightly swelling and pain in the area. On physical examination the hematoma appear as a localized soft swelling with purplish blue discoloration of the overline skin. The swelling varies from a small to large and may be tender to palpitation.

Large hematoma may get infected to form abcess so large hematoma needs drainage under general or regional anesthesia. Small hematoma usually gets absorbs.

Acharya sushrut has mentioned concealed haemorrhage as Abhyantar Raktasrava in his Sadyovraniya Adhyay. And also mentioned the draining methods of haematoma in Sushrutsamhita in ashtavidh Shastrakarma as Bhedan (Incision) and Visravan (Drainage).

### **Case study report**

A 53 yr old male patient had come to the opd with the gross swelling over anterolateral aspect of right thigh with the pain and ecchymosis over the same region and multiple ecchymotic patches over b/l ankle joint since he came across with an accident (dashed by a 4 wheeler) 15 days back. Then the liquefied Haematoma was drained by 2 stab incisions and Pressure Dressing done.

**Aims & Objectives-** To study the effect of Incision & Drainage in the management of Concealed Haemorrhage.

**Type of study-** Observational single case study without Control group.

**Study cener-** Ayurved Rugnalaya & Sterling Multispeciality Hospital attached to College of Ayurved & Research center, Nigdi Pune.

### **Study details**

Age-53 yrs    Occupation- Buisnessman

Gender- Male Religion- Hindu Diet- Veg

**Chief complaints-** Gross swelling over anterolateral aspect of Rt Thigh, Pain and Tenderness at the site of Swelling and multiple patches of Ecchymosis over the RT thigh and near B/L ankle joint, pt having difficulty in walking.

**Brief history-** A pt met with an accident 15 days before and was dashed by a four wheeler then he noticed a swelling over the anterolateral aspect of thigh which was gradually increasing in size and multiple patches of ecchymosis over Rt thigh and b/l ankle joint. Pt was on Tb Ecosprin 75mg (OD) since last 4 months then he has advised to stop the tab 4 days before The Rt Thigh Xray was done which completely normal and Pt had done USG Rt thigh which revealed- ' a fairly well defined fluid collection in the soft tissues, measuring roughly 17x5x2 cm in size, few septae within and underlying muscles show normal appearance, S/O- a liquefied Haematoma'.

**On examination-** No other systemic disorder found

**Family history-** Not Significant

### **Local examinations**

Site-Anterolateral aspect of Rt Thigh

Size- 20x8cm

Shape-Ovale

Tenderness- +

Local Temp-Normal

Skin above the Swelling-Red ecchymosis

Fluctuation- Positive

### **Lab reports**

Hb-10.6 gm/dl

WBC-9600/cmm

RBC-3.41mil./cmm

PLT-261000/cmm

PT-16 sec

INR-1.35 sec

Sr Creat-1.3 mg/dl

X-Ray (Rt Thigh)-No bony abnormality seen

USG (Rt Thigh)- a fairly well defined fluid collection in the soft tissues,measuring roughly 17x5x2 cm in size, few septae within and underlying muscles show normal appearance, S/O- a liquefied Haematoma.

### Treatment and Outcome

After Investigations Haematoma drained with 2 separate stab Incisions.1<sup>st</sup> on prominent part and 2<sup>nd</sup> counter incision on a dependent part of thigh. All septae broke by a blunt dissection with finger and cavity scooping done. Cavity irrigated with H<sub>2</sub>O<sub>2</sub> and Betadine solution and Normal Saline wash was given. Two separate Corrugated Drains kept and fixed at the site of incisions into the cavity and fixed with Ethilon 3-0.Pressure Dressing was done and crepe bandage applied. Whole procedure was carried out under Local Anaesthesia.

Patient had given IV antibiotic Postoperatively (sigle dose) Then Oral antibiotic and anti-inflammatory for 7 days. Daily wound cleaning with Betadine solution done .Corrugated drain removed on the Post Operative day 3. Cleaning and dressing continued for 7 days then secondary suturing was done.



**1. Concealed haemorrhage.**



**2. Painting and draping.**



**3. Local anaesthesia.**



**4. Incision.**



**5. Drainage.**



**6. Corrugated drain kept.**

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