

Case Study

A single case study: Excision of Medojagranthi (Pedunculated Lipoma)

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ABSTRACT

A Lipoma is benign tumor made of fat tissue as per modern that resemble in Ayurveda as Granthi in general and medojagranthi as specific. In ayurvedic classic Charaka and Sushruta mentioned the management of medojagranthi is the sakoshensastrendagdhvai.e total excision. In this case a 55 years old female patient visited OPD of Shalya tantra with complaints of hanging painless mass like swelling at right gluteal region. On the basis of clinical findings and USG report a lipoma was diagnosed and excision was done under local anaesthesia (2% lignocaine hydrochloride with adrenaline). After excision there was 60*54*24 mm size pedunculated lipoma noted. Hence this case highlighted that lipoma can occur at unusual place like gluteal region and need the excision.

Key Words: Lipoma, Medojagranthi, Excision

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INTRODUCTION:

Sushruta mentioned that vata and other doshas associated with Kapha getting aggravated that vitiate the mamsa and rakta dhatu is further vitiate the meda and produce a round and bulged swelling is termed as Granthi. ¹Sushruta in nidansthan mentioned the 5 types of granthi. vataja, pittaja, kaphaja, medoja, and siraja. Acharya Charak has mentioned the 6 types of granthi- Sushruta five types and mamsajgranthi. In sothachikitsa Charak has mentioned that granthi should be removed with capsuleⁱ and Sushruta also mentioned the treatment of granthi in sushruta chikitsashasthan 18 adhyay. In initial stage Granthi should be treated as Sopha and in later stage according to types it should be treated. Vataj types should be treated with

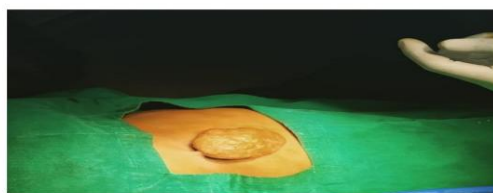
some local application of medicaments. In pitta predominant granthiraktamokshan (leech application), pariseka done and in kapha predominant granthisodhana, vimlapana, excision of granthi. While in medojagranthi should be totally excised.² In addition sushruta also included Granthi in Chhedan and Bhedanvyadhi so that excision is needful.² Hence medojagranthi is meda predominant and the choice of treatment is total excision. Lipoma is benign tumor made of fat tissue as per modern that resemble in Ayurveda as Granthi in general and medojagranthi as specific. A lipoma is one of the commonest and most benign of all tumours. It is composed of cells of adult type.ⁱⁱⁱ It can occur anywhere in the body that is why it is often called as 'universaltumour'. The

common sites are the subcutaneous tissue of trunk, nape of neck and limbs. Lipomas are mainly of three types that is Encapsulated lipoma, Diffuse variety and Multiple lipomas.³ Clinically it should be classified as Sessile and Pedunculated variety. Lipomas present as soft, lobulated, painless subcutaneous lump. The consistency of lipoma is soft but the fluctuation, transillumination test is negative and slipping sign is positive³. Most of the lipomas are excised for cosmetic reason.

CASE REPORT

A 55 years old female patient visited the OPD of shalya tantra having complaints of hanging painless mass like swelling at right gluteal region. She told that the swelling was gradually increasing in size since last 11 years and it was painless. some discomfort occurred while sitting, so

patient was consulted and examined at OPD of shalya tantra at government akhandanandayurved hospital, Ahmedabad. On local examination pedunculated swelling at the right gluteal region and soft palpable non tender swelling. To know the size and any adjacent structure involvement USG local part was done. The USG findings were suggestive of Aprx 60*54*24 mm size well defined lobulated heterogeneously echogenic lesion is seen at the right gluteal region posteriorly suggestive of pedunculated lipoma novascularity involved in. After confirmation of diagnosis as lipoma with clinically and Usg findings it was planned for excision. Before the excision routine blood investigation were carried out and findings were within the normal limits [Hb:13.4 Gm%, total RBC: 5.02 mill/c.mm, TLC:8000/c.mm (P:62, L:25, E:02, M:04, B:00), ESR:8 mm, platelet count:1,80,000, RBS:118 mg/dl, S.creatinine:0.9 mg/dl].



Before treatment



Excised lipoma



Pedunculated lipoma excised with cautery



Post operative 20th day

Prior excision, informed written consent was taken, 0.5 cc tetanus toxoid intramuscular was given and xylocaine sensitivity test was done. Patient was taken on ot table in prone position. Painting and drapping has been done. 2% lignocaine hydrochloride with adrenaline anaesthesia was infiltrated around the peduncle of lipoma. Then under all aseptic condition lipoma was excised. Tab.diclofenac sodium two times a day for 3 Days and

Tab.Triphalaguggulu 1gm three times a day was prescribed for 7 days. Daily dressing was done for 7 days. Patient did not report any complication and drug reaction post operatively.

CONCLUSION:

Hence this case highlighted that pedunculated lipoma at unusual place like gluteal region need the excision.

REFERENCES:

1. Sushruta Samhita of sushruta with the nibandhsangrah commentary, Nidansthan, Varanasi: Chaukhamba Orientalia Reprint edition 2014. Pg.310, Su.Ni.11
2. Tripathi B. charak Samhita chikitsasthan, Varanasi: Chaukhamba Subharati prakashan;2013 pg.460.ch.chi.12/82
3. Sushruta Samhita of sushruta with the nibandhsangrah commentary, Chikitsasthan, Varanasi: Chaukhamba Orientalia Reprint edition 2014. Pg.470,471 Su.chi.18/5,6,8,12,17,18

4. Sushruta Samhita of sushruta with the nibandhsangrah commentary, Sutra sthan, Varanasi: Chaukhamba Orientalia Reprint edition 2014.pg. 117,su.su.25/3
5. A concise textbook of surgery, Somen Das, 9th edition, January 2016, Dr. s. das publication Kolkata, pg.114
6. A concise textbook of surgery, Somen Das, 9th edition, January 2016, Dr. s. das publication Kolkata, pg.114
7. A manual on clinical surgery, somen das, 11th edition, August 2015, Dr.s.das publication Kolkata.pg.21