

Management of Carbuncle in a Rural Medical College Hospital-IRT Perundurai Medical College-Perundurai

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Abstract: Objective: This paper reports on the nonconventional method for the management of carbuncles, highlighting its superiority over conventional surgical treatment and antibiotic irrigation in terms of cosmetic outcome and shorter duration of wound healing. Background: The mainstay of treatment of carbuncles involves the early administration of antibiotics in combination with surgical intervention. The conventional saucerisation, or incision and drainage with antibiotic irrigation, under normal circumstances results in moderate to large wounds which may need secondary surgery such as skin grafting, resulting in a longer duration of wound healing and jeopardising cosmetic outcomes. Case reports: The eighty five reported cases presented with extensive carbuncles over the face, nape of neck, back, groin and thigh. In addition to early commencement of intravenous antibiotics, the pus was drained, with minimal incision and conservative wound debridement with antibiotic irrigation, with the aim of maximal skin conservation. This was followed by thrice daily irrigation with antibiotic containing solution for a minimum of consecutive days. The wounds healed within to to four weeks, without major cosmetic appearance. Conclusion: The new method showed superior cosmetic outcomes, with a shorter duration of wound healing. Conservative surgical management with antibiotic irrigate on can be performed under regional anaesthesia, which may reduce mortality and morbidity, patients with facial carbuncles often have higher risks with general anaesthesia

1. Introduction

A group of pus filled bumps forming a connected area of infection under the skin is known as CARBUNCLE. Carbuncle are formed when one or more hair follicles gets infected. They often occur on the back of the neck, shoulders, thighs. Carbuncles grow larger and more painful until they rupture and drain rarely patients feel unwell and experience fever and chills. CARBUNCLES are also known as Staph Skin Infection. Formation of more than one carbuncles is known as CARBUNCULOSIS. It occurs deep under the skin, it appears to be a bunch of boils. Carbuncles develop in hairy areas, more common among men. It is caused by staphylococcus, streptococcus aureus bacteria. It is highly contagious, a blood test might be required for the diagnosis. They are mostly treated at home. In serious cases, a dermatologist must drain the carbuncle with a needle, oral flucloxacillin or erythromycin are usually effective against carbunculosis. Seven days of treatment is recommended

2. Conservative Surgery

SAUCERISATION is the most common surgical approach for carbuncles. I and D is another alternative surgical method. Saucerisation helps to reduce the days of hospital stay. I AND D helps in earlier wound healthy. Carbuncles are usually concerned with diabetic patients. SAUCERISATION is the excision of the necrotic centre and surrounding antibiotic may not be required after saucerisation. sauc

SAUCERISATION is the most common surgical approach for carbuncles. I and D is another alternative surgical method. Saucerisation helps to reduce the days of hospital stay. I AND D helps in earlier wound healthy. Carbuncles are usually concerned with diabetic patients. SAUCERISATION is the excision of the necrotic centre and surrounding antibiotic may not be required after saucerisation. Saucerisation results in larger wound which means to be dressed up and allowed to heal for more vulnerable wound, musculocutaneous flaps or graft might be needed to cover the defective areas.

Incision and Drainage Method involves antibiotics, so that the inflamed tissue surrounding the necrotic ulcer gets the apparent cure. surgical incision is required to drain the pus and slough, a necrotic centre is debrided while the surrounding cellulite is isn't exist wound become completely epithelialized by eight weeks .post I AND D saucerised wound need more than eight weeks for healing. I and D method allows a less mutilation over the infiltrated area when compared to saucerisation. Saucerised patients requires shortest postoperative state. They don't require re admission being devoid of post curative sepsis.

Post Operative Course:

Dressing needs to be changed every day in case of I and d method for a duration of 10mis warm water is allowed to run over the wound. Wound must be cleaned using the sterile Qtips dipped in hydrogen peroxide. Physical exertion must be avoided. Wound should not be touched frequently. With TYLENOL(2 tablets for every 6 hours)is sufficient to control pain if needed avoid shaving over the wound.

Sutures used in saucerisation must be removed within a week.

Antibiotic Irrigation

Preoperative shower with antimicrobial soap containing chlorhexidine. Cutaneous infection must be controlled or cleared before elective operation. In patient required isolation and many of antibiotics used for boils namely VANCOMYCIN 1G q12h, LINEZOLID 600mg q12h, DAPTOMYCIN 4MG/KG IV /DAY: recurrence is usually prevented by CHLORHEXIDINE containing soaps)

Objective

This paper reports on the conservative surgery and antibiotic irrigation for curing carbuncle. SAUCERISATION and I AND D are the two surgical methods involved. Antibiotic usage is similar to that of the furunculosis in preliminary stages. Slight variation in doses are found drugs like CHLOROQUINE AND CHLORHEXIDINE are immensely used

3. Background

In an overview the treatment of carbuncles mainly involves early administration of antibiotics along with surgical intervention. The conventional saucerisation though reduces the duration of post operative state results in large wounds, which needs secondary surgical methods like skin grafting. On other hand. Incision and drainage method does not need a any secondary surgical methods as it involves antibiotics to reduce vulnerability of the affective area

4. Case Report

The reported cases were presented carbuncles over different regions like groin, thigh, face, nape of neck, and interscapular region. 25 cases had carbunculosis in the interscapular region 2 had carbuncles in the groin 8 had carbuncles in the thigh 15 had carbuncles in the face, 35 patients had carbuncles in the nape of neck.

