

Case Report



Integrated management of *Medoja granthi* (*Hidradenoma papilliferum*):

A rare case report

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ABSTRACT:

Background - *Hidradenoma papilliferum* (HP) is a rare benign and adnexal neoplasm, affecting middle aged women. It typically presents as a slow-growing, well circumscribed nodular lesion, in the vulvar or perianal region. Owing to its rarity, and close clinical resemblance to common benign perianal lesions, preoperative diagnosis is often challenging and definitive diagnosis relies on histopathological examination. In *Ayurveda*, this clinical condition is correlated with *Medoja granthi* (Benign soft tissue tumor). **Clinical findings:** A 60-year female came with painless, slow progressive perianal swelling along with discomfort while sitting and occasional serous discharge for 6 months. Perineal ultrasonography suspected the condition as proliferating trichilemmal cyst. The specimen was sent for histopathological study to confirm the diagnosis. **Intervention:** An integrated approach i.e., antibiotics, analgesics, *Chedana Karma* (surgical excision) and wound management was adopted. **Outcome:** The histopathological study confirms the condition as HP. Good surgical outcome was obtained with the integrated approach in the form of complete wound healing and no recurrence. **Conclusion:** The postoperative outcome in the present case of HP with the chronicity of 6 months was satisfactory, with good wound healing and no evidence of recurrence during follow-up period of 40 days. This case highlights the importance of histopathological examination in diagnosing atypical perianal lesions and demonstrates that an integrative management can yield favorable clinical outcomes in HP. Further research in the integrative medicine is necessary for generating evidence-based results.

KEYWORDS: *Ayurveda*, Case Report, *Hidradenoma papilliferum*, Integrated approach, *Medoja granthi*.

RECEIVED ON:

28-04-2026

REVISED ON:

05-05-2026; 12-05-2026

ACCEPTED ON:

12-05-2026

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v14i4.2767>

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CITE THIS ARTICLE AS

Aniket T Ughade, Pradeep S Shindhe, Ramesh Shivappa Killedar, Jignesh Varu, Manish Chandra Gupta. Integrated management of *Medoja granthi* (*Hidradenoma papilliferum*): A rare case report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(4):130-136.

1. INTRODUCTION

Hidradenoma papilliferum (HP) is rare benign adnexal tumor of apocrine gland origin, predominantly seen in middle-aged women. Previous studies reported that HP occurs 72% in the vulva, 14% in the perianal region and 4% in the perineum and malignant transformation is rarely seen. [1] It often presents as small well-circumscribed, slow-growing nodule at perianal region, with discomfort, occasional bleeding or discharge. [2] The exact etiology remains unclear, but it is believed to arise from anogenital mammary-like glands. [3]

The standard treatment for this condition is complete surgical excision, which is usually curative with a low recurrence rate. [4] In *Ayurveda*, the above condition can be correlated to *Medoja granthi* with symptoms like soft, unctuous, slow growing masses, closely resembling benign cystic or glandular tumors. [5] In *Ayurveda* the treatment involves a combination of *Shastra Karma* (Surgical intervention), *Kshara Karma* (Chemical cauterization) and *Agnikarma* (Thermal cauterization), along with wound management principles like *Vrana Shodhana* (Wound cleansing) and *Ropana* (healing) [6]. Integrative approach to health care and cure has been the basic matrix of *Ayurveda* practice and it is the need of hour. [7] This rare case report presents an integrative approach

which consisted of oral antibiotics, analgesics along with *Chedan Karma* (surgical excision), in the management of HP.

2. CASE REPORT

Patient information: A 60-year-old female, non-diabetic and non-hypertensive presented with painless swelling in the perianal region for 6 months. The swelling was progressively increased in size with mild discomfort while sitting and occasional serous discharge for the last 2 months. There was no previous history of surgery, bleeding, fever or significant weight loss. Psychosocial history revealed mild anxiety related to the persistent swelling and fear of malignancy.

Clinical findings: General physical examination revealed that she was well-nourished, well built, with normal vital signs. Local examination of the perianal region showed a solitary, well-defined nodular swelling measuring approximately 3 x 2cm, located 0.5 cm away from the anal verge at 10 'o'clock position between fourchette and anus with visible veins over the swelling. On palpation the swelling was non-tender, firm to cystic in consistency, mobile over underlying structures, not adherent to skin and overlying tissue, skin appeared normal with no signs of inflammation and ulceration. [Figure 1] No regional lymphadenopathy was noted.

Timeline: The course of disease with the clinical features, diagnosis is highlighted in timeline. (Table 1)

Table 1- Timeline highlighting important events and treatments

S.No	Date	Events/Complaints	Treatment
1	12/06/2025	Patient had swelling with occasional discharge	Local treatment was taken considering piles as diagnosis (No Local examination done)
2	26/07/2025	Discharge reduced but no changes in the size of the swelling	Same treatment was continued
3	5/03/2026	Patient visited our hospital for complaints of swelling at anal region.	Local examination was done and advised for Perineal ultrasonography. Ultrasonography report – Proliferating Trichimmal cyst.
4	6/03/2026	Blood investigations – Normal study	Integrative approach – Oral antibiotics, analgesics, <i>Chedana karma</i> , Oral <i>Ayurveda</i> Medicines. Specimen was sent for histopathological study
5	11/03/2026	Histopathological study	Histopathological report revealed HP
6	16/03/2026	No fresh complaints	Complete wound healing was achieved
7	28/4/2026	No fresh complaints	No recurrence was seen

Investigation: Routine hematological and biochemical investigation were performed before surgical excision which showed normal values. Ultrasonography of the perineal area suggested a well-defined cystic lesion, provisionally diagnosed as a proliferating trichilemmal cyst. [Figure 2]

Diagnostic assessment

Differential diagnosis: Based on the clinical presentation the common perineal conditions like epidermoid cyst, trichilemmal cyst, external hemorrhoids, skin tags, pilonidal sinus, or other benign adnexal tumors were considered for the differential diagnosis. (Table 2)



Figure 1. Showing before, during and after treatment changes.

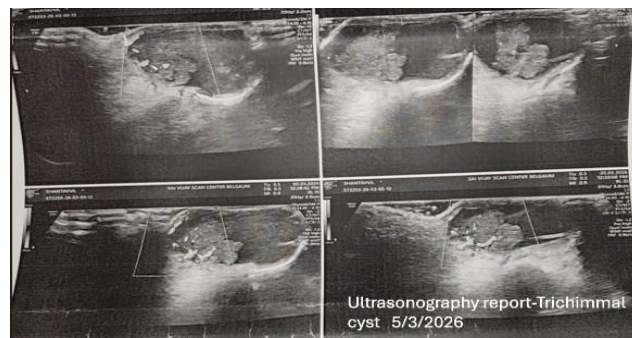


Figure 2. Ultrasonography-Proliferating Trichilemmal cyst



Figure 3 - Histopathological report -Hidradenoma papilliferum

Table 2: Differential diagnosis for the present case of HP

Sr. No.	Differential diagnosis	Key features/Inclusion	Exclusion/Remark
1	Hidradenoma Papilliferum (HP)	This lesion is a benign, well-circumscribed adnexal tumor arising from apocrine glands. It presents as a slow-growing, non-tender nodule without inflammatory features.	Final diagnosis was confirmed with histopathological report
2	Epidermoid Cyst	Epidermoid cysts are encapsulated lesions filled with keratinous material, exhibiting slow enlargement and minimal symptoms with unctuous, semi-solid content.	Excluded as the site of swelling is commonly seen in face, neck and trunk.
3	Trichilemmal Cyst	These cysts originate from the outer root sheath of hair follicles and demonstrate a firm, circumscribed, and non-inflammatory nature.	Provisional diagnosis was established as trichilemmal cyst based on USG findings
4	Skin Tag	Skin tags are benign fibroepithelial proliferations that are soft, painless, and non-progressive. Though not cystic, they represent localized overgrowth of tissue without inflammatory or vascular pathology	Excluded as they are presenting as skin tags but in the present case it was spherical and progressive
5	Benign Adnexal Tumors	These tumors arise from skin appendages (sebaceous, eccrine, apocrine structures) and typically present as slow-growing, localized nodules. Their benign, non-inflammatory nature and structural similarity to hidradenoma papilliferum strongly support inclusion	The condition was mimicking Adnexal tumors so excisional biopsy was considered to establish the diagnosis.
6	External Hemorrhoids	External hemorrhoids are dilated venous structures associated with pain, thrombosis, and bleeding. Presentation is usually with painless, soft swelling which comes out during defecation.	It was excluded as the swelling was not arising from the anal region and protrusion was not associated with defecation

7	Pilonidal Sinus	Pilonidal sinus is characterized by a sinus tract containing hair and debris, often associated with recurrent infection, pus discharge, and inflammation.	The presence of suppuration, tract formation, and chronic inflammatory features clearly differentiates it from the solid, non-infective nature.
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Diagnostic challenges: *Hidradenoma papilliferum* (HP) is rare form presenting as swelling in the perineal region. The provisional diagnosis was established as trichilemmal cyst based on Ultrasonography findings. The diagnosis is always challenging as HP is rare form so the final diagnosis was confirmed on excisional biopsy as HP. (Table 2) In *Ayurveda*, the condition was diagnosed as *Medoja Granthi*, by its symptoms like *Sharirvidhikshaya* (swelling with gradual progression), *Snigda (Unctuous)*, *Mahan* (soft to firm), *Alparuja* (painless). Pathogenesis involves vitiation of *Kapha*

Dosha and *Meda Dhatu* with *Srotorodha* (obstruction of channels) leads to formation of localized *Granthi*.

Prognosis: The condition is usually treated with surgical excision and there are less chances of recurrence so prognosis is good in the present case.

Therapeutic intervention: The integrated treatment approach based on the clinical symptoms and diagnosis i.e., antibiotics, analgesics along with the treatment principles of *Granthi Chikitsa* like *Chedana* (excision) along with *Vrana Chikitsa* (wound management) was adopted. (Table 3)

Table 3: Intervention plan

Sl no.	Intervention	6/3/2026	6 to 10/3/2026	11 to 20/3/2026
1.	Surgical excision (<i>Chedana Karma</i>)	✓		
2.	Tab Gudcef cv (Lifestar)		✓	
3.	Tab Inac (Zydus Corza)		✓	
4.	<i>Triphala guggulu</i> (KLE Ayurveda pharmacy)			✓
5.	<i>Kanchanara guggulu</i> (Arya Vaidya Sala)			✓
6.	<i>Jatyadi taila</i> (KLE Ayurveda pharmacy) dressing			✓

Tab Gudcef CV BID after food for first 5 days (KLE Ayurveda Pharmacy)
 Tab Inac 50 mg after food SOS (maximum 2 tablet per day) for first 5 days
Tab Triphala guggulu 500 mg 2 BID after food with water
Kanchanara guggulu 500 mg 2 BID after food with water
Gandhaka rasayana 125 mg 1 BID after food with water
 Dressing of the wound with the application of *Jatyadi taila*

Follow up and Outcomes: During the follow-up period the patient was assessed for wound healing. Wound healed within 10 days and the patient was observed for 40 days for recurrence (Figure 1). The excised swelling was sent for histopathological examination to confirm the diagnosis. The histopathological study of given specimen revealed that skin, epidermis lined by keratinizing stratified squamous

epithelium. Dermis showed fibro-collagenous findings: tissue and well circumscribed nodular lesion composed of sheets of epithelial cells with vesicular nuclei and eosinophilic clear cytoplasm. No evidence of atypia/malignancy. These findings confirmed the diagnosis of HP. [Fig.no. 3] The integrated treatment approach in the present case has provided good surgical outcome with proper wound healing.

Adherence- Treatment adherence in this case was satisfactory, as the patient consistently followed postoperative instruction including regular intake of prescribed medication and proper local wound care.

Tolerance- The integrative treatment regimen in the present case was well tolerated by the patient with no reported adverse drug reactions or postoperative complication. This suggests that the integrative therapeutic approach is safe and compatible when administered in appropriate doses under clinical supervision.

Adverse effects- No adverse events were seen during the treatment and follow up period.

3. DISCUSSION

The diagnosis of the present condition is very challenging as the percentage of the presentation is somewhat rarer and commonly it is seen in vulva but perianal or anal presentation are rare ([Table 1,2](#)). The rarity is further emphasized by the very small number of reported perianal cases (<20 in literature) and frequent clinical misdiagnosis as common anorectal condition, leading to underreporting. [8] The integrative medicine (IM) approach provides an affordable practical resolution to the global healthcare crisis. It focusses on promoting innovative, efficient, evidence-based results which are patient-centered. [9] In the present case diagnosis was challenging ([Figure 2](#)). Because of overlapping of clinical presentation, rare site occurrences so definitive diagnosis was established only on the excision biopsy and histopathological study ([Figure 3](#)) ([Table 2](#)). Hence histopathological study remains the gold standard for diagnosis as per the recent studies. [10] As per *Ayurveda* the above case was diagnosed as a *Medoja granthi*, the probable *Ayurvedic* pathogenesis may be explained as vitiation of *Kapha Dosha* leading to *Meda dushti* causing obstructions of channels (*srotorodha*), which ultimately results in *Granthi* formation. *Acharya* emphasize surgical excision as the main treatment principle followed with wound management, which was adopted in the

present case. This is compatible to the *Ayurvedic* principles of *Shastrakarma* (Surgical excision) explained in the management of *Granthi* ([Table 3](#)) ([Figure 4](#)). [6]

Triphala guggulu- it is classical *Ayurveda* formulation widely used in the management of anorectal disorders. It exhibits multiple pharmacological activities such as anti-inflammatory, anti-microbial, and wound-healing effects ([Table 3](#)) ([Figure 4](#)). [11] *Kanchanar guggulu-* it is widely indicated in management of *Granthi* (soft tissue tumor), *Apachi* (Cervical lymphadenitis), *Galganda* (Goiter), and *Arbuda* (Tumors and glandular swellings). The modern pharmacological studies suggest its anti-inflammatory, anti-proliferative, antioxidant properties. [12] *Gandhaka rasayana-* it is extensively used in *Kushtha* (skin disorders), *Kandu* (itching), *Pama* (scabies) etc. [13] It has immunomodulatory effect and keratolytic and anti-pruritic action ([Table 3](#)). [14] *Jatyadi taila-* it is classical *Ayurvedic* polyherbal medicated oil intensively used for the management of *Vrana* (wound), including chronic, infected and non-healing ulcers. [15] The formulation exhibits significant antimicrobial, anti-inflammatory, antioxidant and wound-healing properties. [16] *Gudcef cv 200mg tablet* ([Table 3](#)) ([Figure 4](#)) contains cefpodoxime proxetil 200mg, a third-generation cephalosporin antibiotic and clavulanic acid 125mg, a beta-lactamase inhibitor which is used to kill bacterial infection. [17] *Inac 50mg tablet-* used for short-term relief of pain. It contains diclofenac sodium 50mg (an NSAID reducing pain/fever) commonly used in post-operative pain. [18]

Strengths: This case demonstrate accurate histopathological diagnosis, effective integrative management combining both treatment principles of *granthi chikitsa* with antibiotic and analgesic, contributing valuable insight to the management of rare perianal swelling.

Limitations: As it was single case study and rare presentation, the follow up was done only for 40 days.

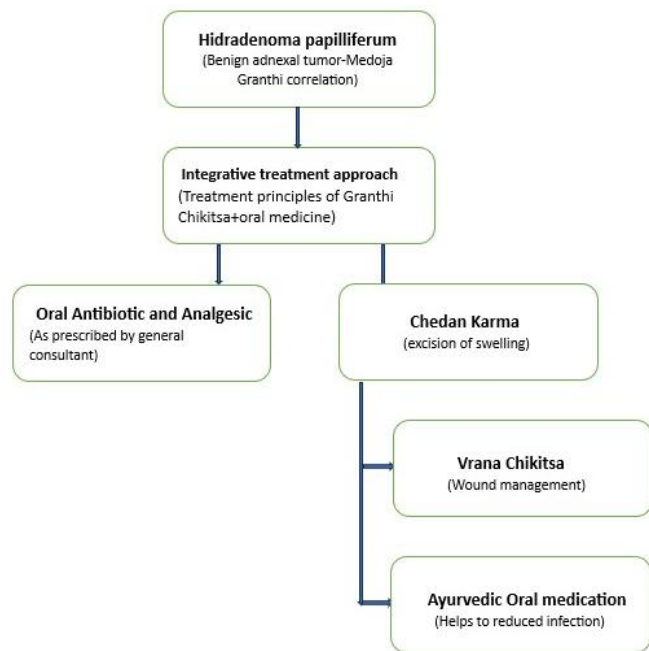


Figure 4: Plan of care with Mode of Action

4. CONCLUSION

The postoperative outcome in the present case of HP with the chronicity of 6 months was satisfactory, with good wound healing and no evidence of recurrence during follow-up period of 40 days. Therefore, this case emphasizes the importance of considering *Hidradenoma papilliferum* (HP) in the differential diagnosis of unusual perianal swelling and demonstrates a meaningful correlation with *Medoja Granthi*, thereby strengthening the integrative understanding between modern pathology and *Ayurvedic* management. Integrated treatment done for 20 days along with proper follow up in the present case has given promising results. No adverse events were encountered during the treatment and follow up period.

Key findings: In the present case clinical features like swelling, itching sensation along with histopathological report which confirm the diagnosis as HP.

Key message: An integrated diagnostic and therapeutic approach combining surgical management with adjunctive *Ayurvedic* modalities has demonstrated favorable clinical outcomes in the management of HP.

List of abbreviations

HP - *Hidradenoma papilliferum*

IM - Integrative medicine

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: The patient reported that she suffered with itching and discomfort while sitting, anxiety related to the persistent swelling and fear of malignancy, difficulty to lead her social life. After treatment she felt very happy as her complaints got reduced with revealing from the past symptoms. In the end, the patient expressed gratitude for the care and attention she received throughout the course of treatment.

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Acknowledgements:

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Declaration of Generative AI

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Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

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