មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក
NATIONAL MATERNAL AND CHILD HEALTH CENTER

ធិវាសល្យសាស្ត្រ សម្ភព និងរោគស្ត្រី លើកទី៤

ប្រធានបទ៖ «រួមគ្នាបង្កើនគុណភាពសេវាព្យាបាល ថែទាំ និងសង្គ្រោះមាតា និងទារក »

Martius flap MLFP FLAP)

004878

Presented by Dr. Meng HuyCheng

ថ្ងៃទី២-៣ ខែកញ្ញា ឆ្នាំ២០២៦
មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក

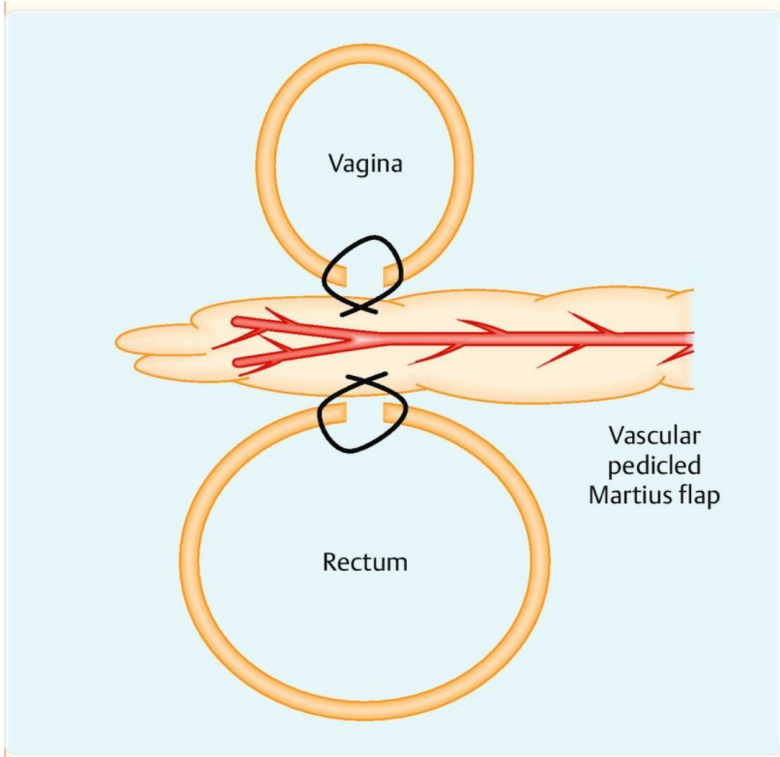
CONTENT

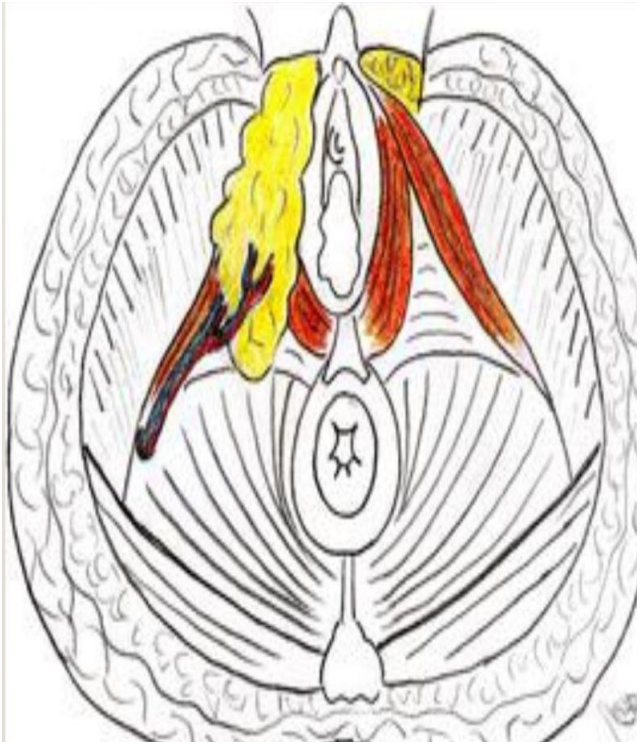
- I_Review Martius flap/Anatomy
- II_Clinical case _I
- III_Clinical case_II
- IV-Home Massage

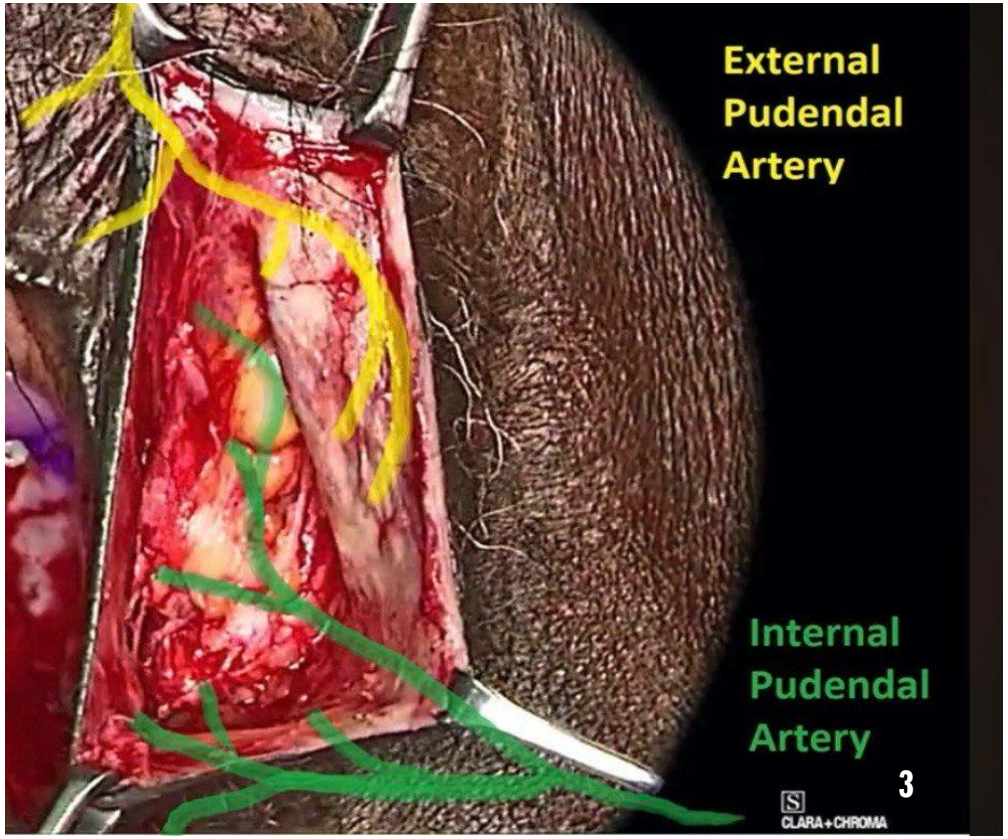
MARTIUS FLAP

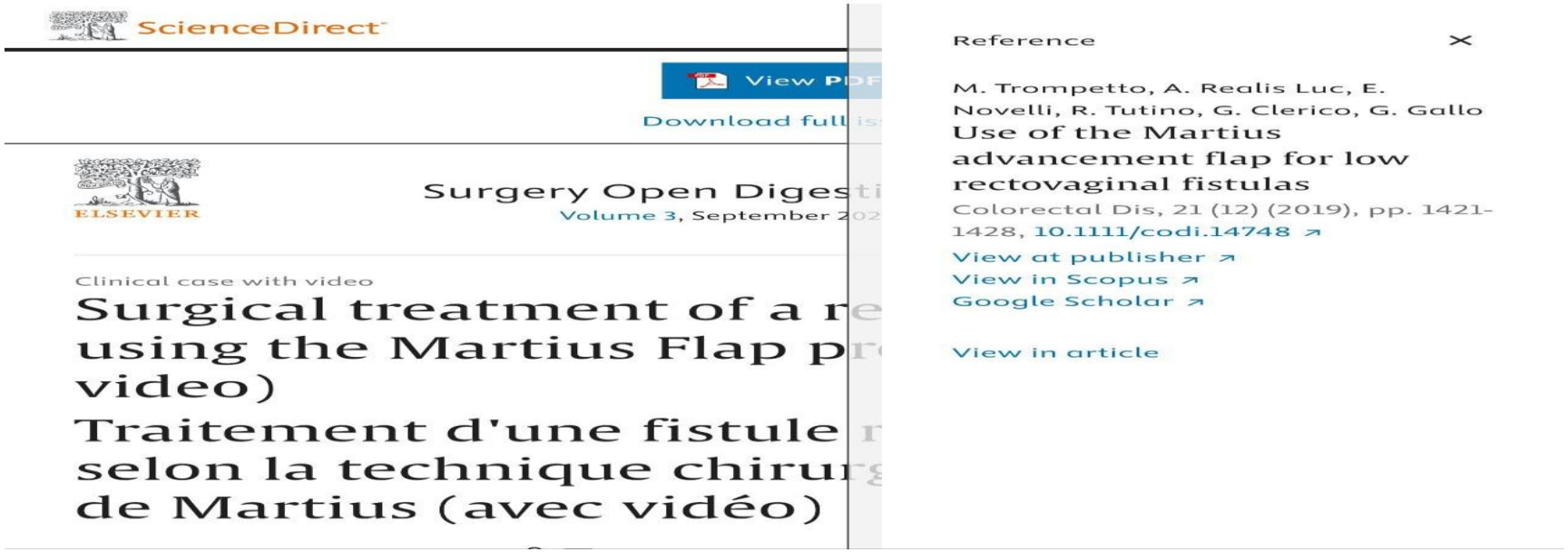
- IN RECTOVAGINAL AND URETHROVAGINAL FISTULAR REPAIR

- Martius flap is procedure ,which vascular adipose tissue flap from labium majus between the bulbospongiosus and ischiocavernosus muscle with /without muscle .









In case of failure, surgical treatment with the interposition of a muscle flap between the two fistulous orifices is recommended. Many types of muscle flaps are described; the gracilis flap and the bulbo-cavernosus flap used in the Martius flap procedure. This procedure is usually indicated for complex or recurrent low fistulas, with a success rate ranging from 60% to 91.3% in the most recent studies [2]. A temporary colostomy is not mandatory but increase the rate of success of the procedure and is almost performed for

CASE 1. LONG DURATION RECTOVAGINAL 4DEGREE LACERATION WITH STOOL INCONTINENCE

OBJECTIVE

- control stool incontinence
- Isolated vaginal and rectum with creation perineal body

- Chief complaint :Uncontrol during defecate and sexual discomfort

- A 44year old G2P2A0 woman with
- stool incontinence(can control only in short time)and stool go inside vaginal wall during defecate with

sexually discomfort ,These problems is stay with her 16year ago ,since her 1st baby ,But **now she so tired** about these ……Come to see :

- Techo hospital ,gynecology department (Advice come to see NMCHC..)

PAST OBSTETRICAL HISTORY

- A 44 year old G2P2A0
- 1st vaginal delivery 2009 ,baby weight 3400g with **complex laceration**
- 2nd :vaginal delivery 2015,
- Past medical history : no any problems
- Past General surgery : No any surgery

Physical examination

Rectovaginal :

- **Stoll incontinence with external anal sphincter complete tear**

(end side 3/9oclock)

- **Complete 04degree laceration without any perineal body isolate (vaginal to rectum)**

No vaginal bleeding

vaginal wall :no any inflammation and

Cervix is normal

Urine is normal

PROBLEMS LIST

- **Stool incontinence/sexually discomfort**
- **External anal sphincter complete tear**
- **4degree vaginal tear**

MANAGEMENT

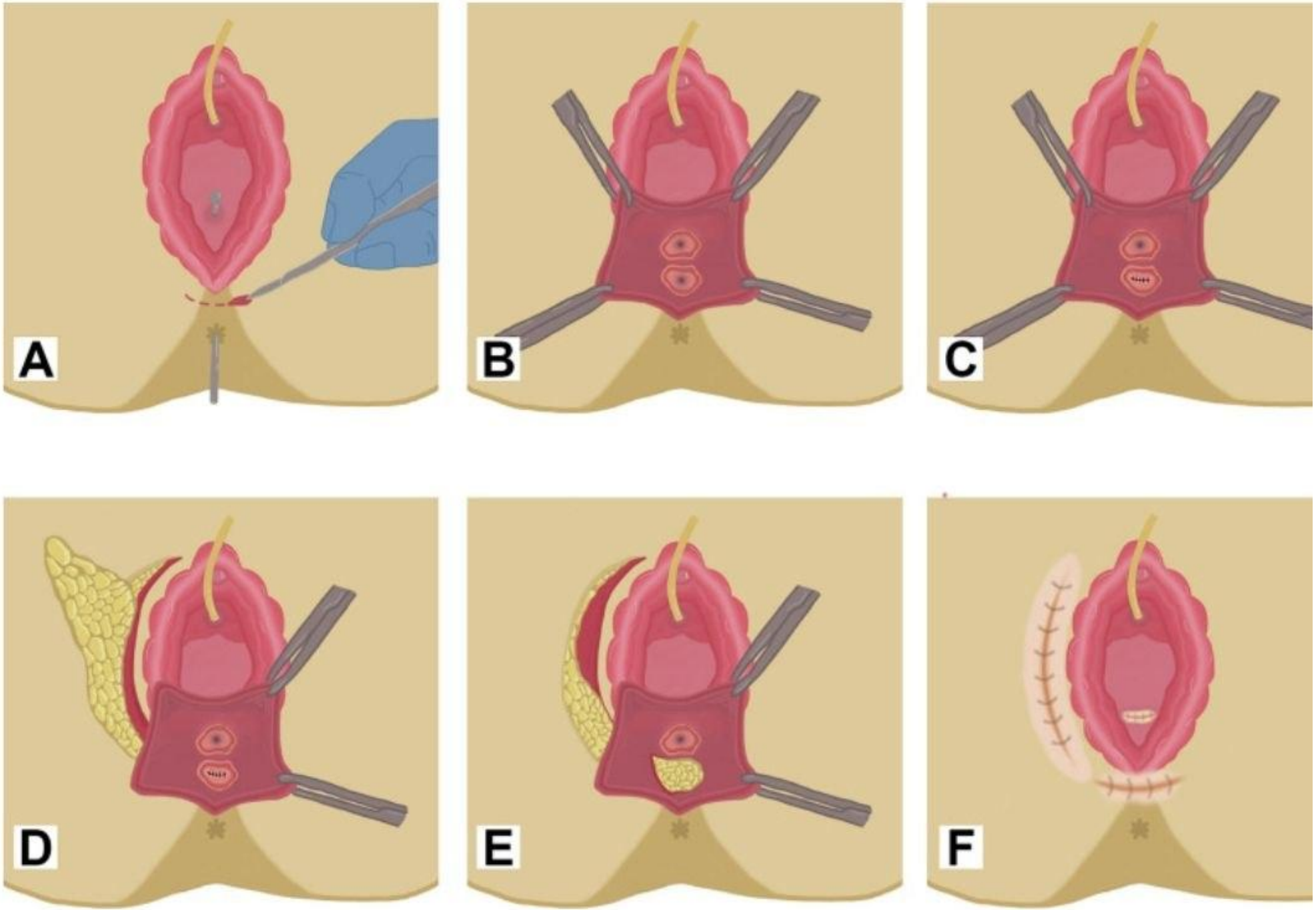
- After discussion the procedure /The patient/her family is agree …!
- Diagnosis :

Long duration 4degree Rectovaginal laceration with external anal sphincter completed tear .

- Indication:

Rectovaginal repaired with Modify Martius flap +sphincteroplasty

- PIV LR 1000ml (20drops/min)
- Metronidazole 1fl B.I.D
- Ceftriaxone 1g B.I.D
- BOWEL PREPARATION : by ENEMA 3day before procedure .


A
B
C
D
E
F

IV-STEP :

- I- step

Incision transversally between retovaginal line about 6cm laterally

Dissection to make a pocket about 4cm and 5cm in diameter

- II- step

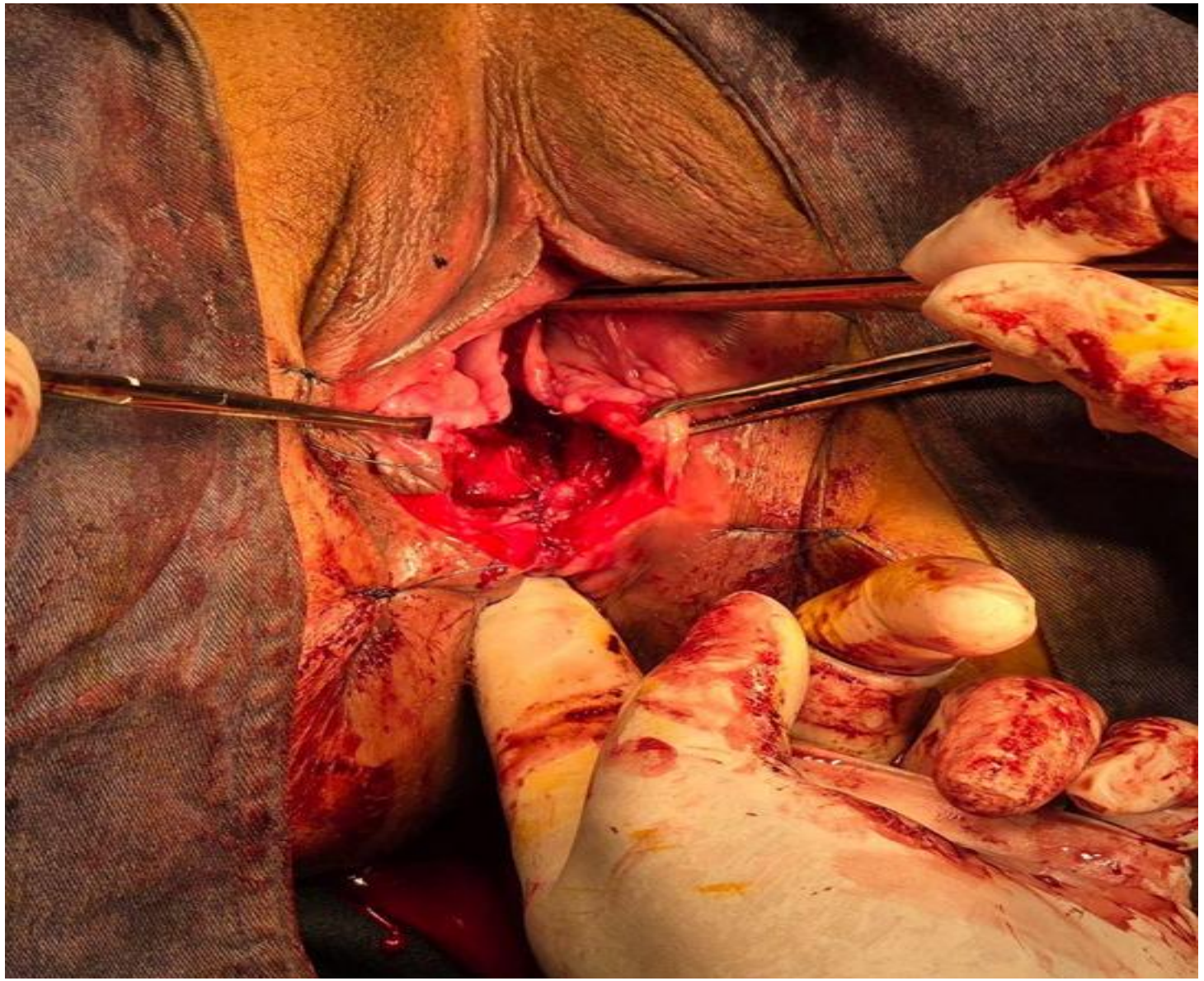
Repaired rectal mucosa

Dissection laterally each side (3and 9o'clock) to find edge of external sphincter

And overlap this sphincter with vicryl 2/0 vircryl

levatoroplasty with interrupted sutures (2/0 vircryl)

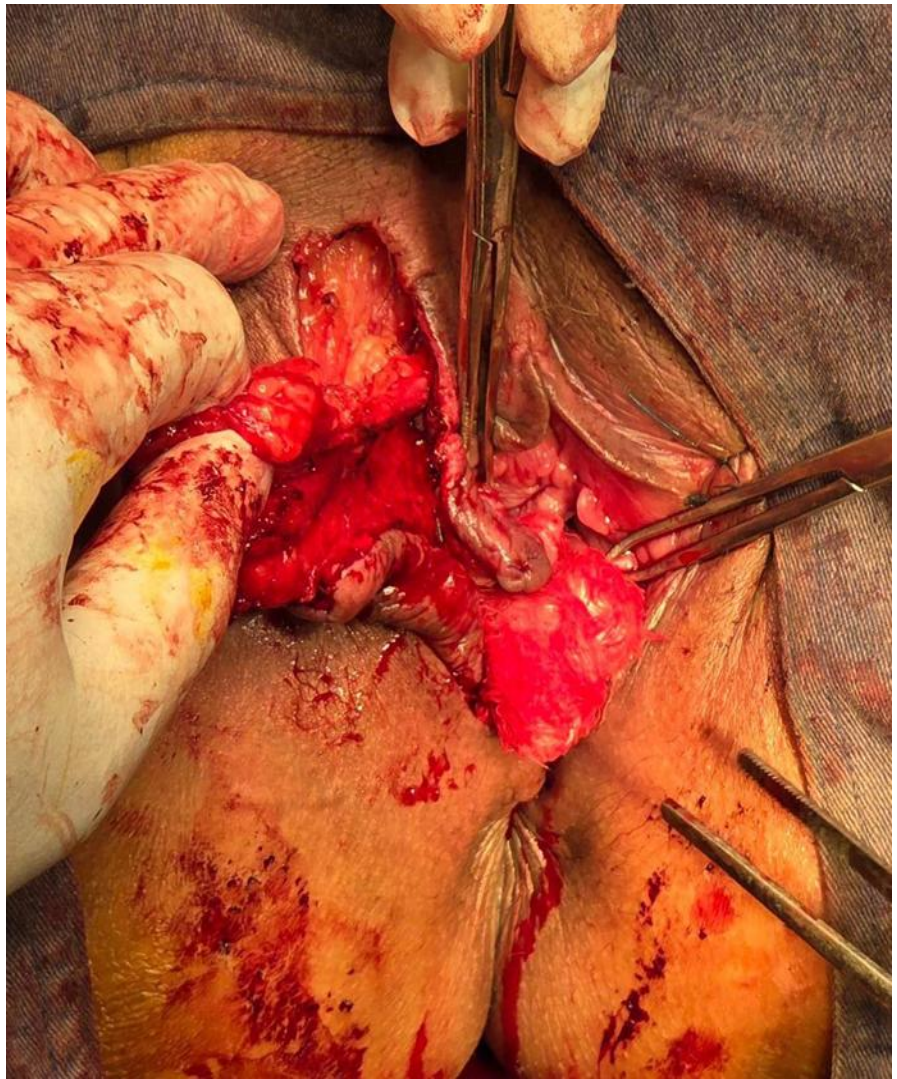
STEP-I AND-II

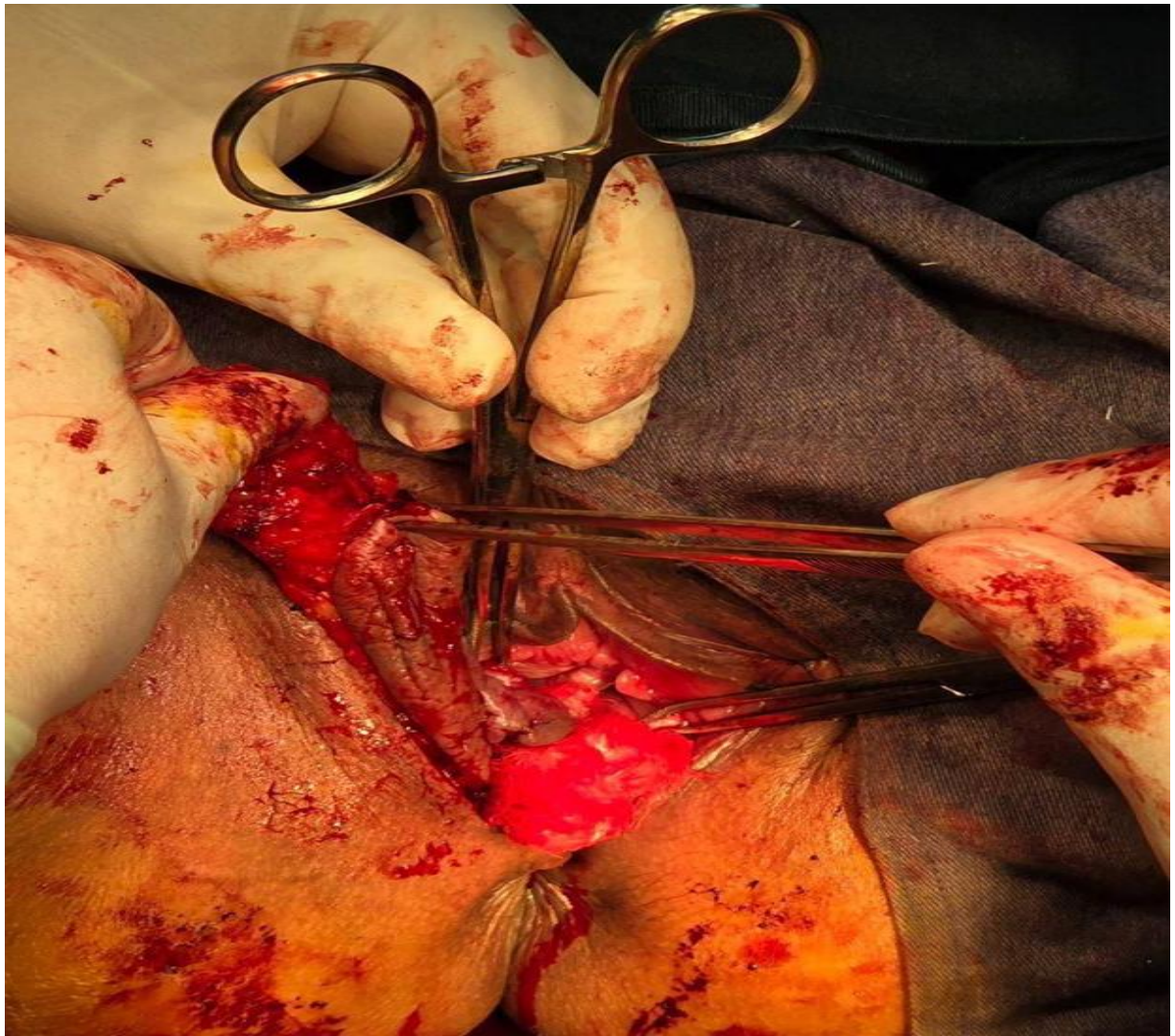


III-Step

- Ellipticals labia majora 5cm and 3cm in length with preservation pudendal artery
- To pullover pocket to creation perineal body for isolated rectum and vaginal .
- Place one suction drainage with syringe50ml
- Repaired skin with vircryl2/0

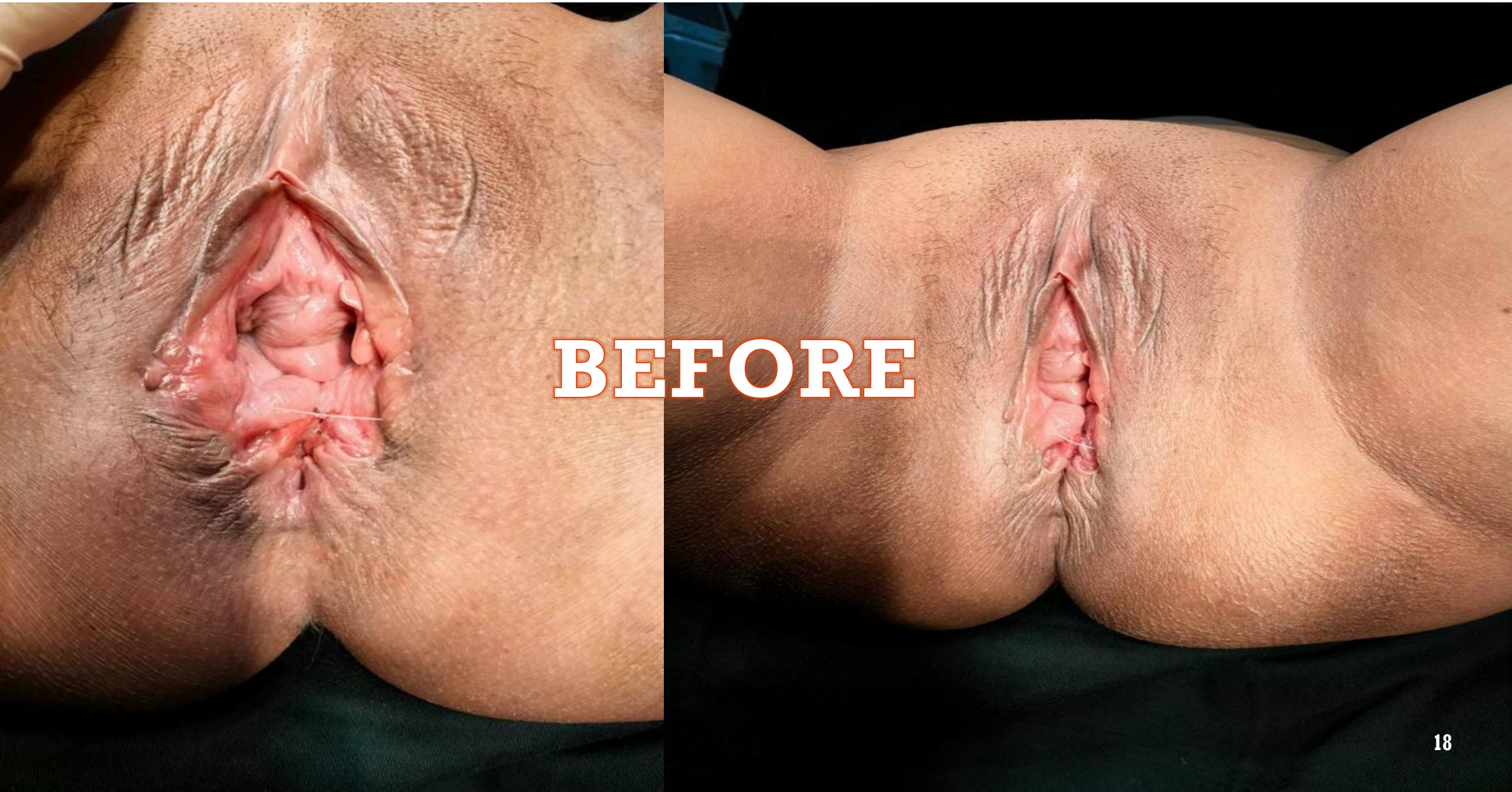
STEP-III



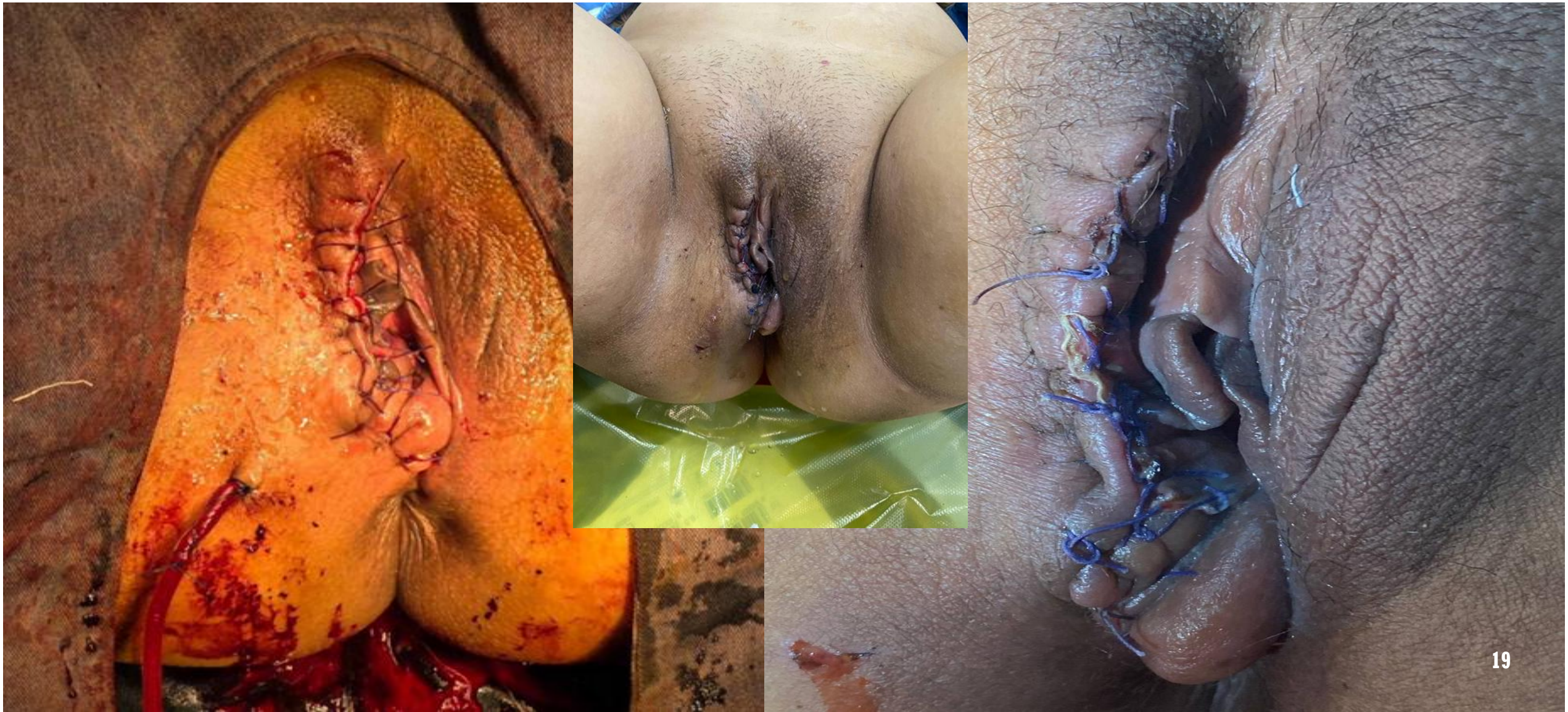


Blood loss about 80ml

- Duration operation 01hr45min


BEFORE

AFTER



- **Follow up 01week /02week /1month**

- **Mission complete…**

control stool incontinence
Isolated vaginal and rectum with creation perineal body

CASE II. SURGICAL MANAGEMENT IN LARGE ENDOMETRIOMA IN PERINEAL BODY COMPLEX

OBJECTIVE

- **OMIT PAIN**
- **PASSING STOOL NORMALLY**
- **OMIT DYSPARUNIA AND MOOD IMPROVED**
- **WE'RE SMILE**

- Chief complaint **: Severe pain on palpable mass at perineal body**

- A 28 year old G1P1woman is **compliant palpable mass at perineal body with cyclic pain (during menses) and this mass is appear 02month after giving vaginal birth and gradually increasing size from month to month and pain is severe until she afraid during passing stool or deny sexual intercourse.**

- ____ she try to see many health care but still not improved
- ____finally she decided to see NMCHC

PAST OBSTETRICAL HISTORY

- A 28 year old G1P1
- **vaginal delivery by Vaccum extraction at private clinic with complex laceration and heavy bleeding**

- **Menstruation : Regular 28day with severe pain(throbbing)inside palpable mass at perineal body**

PHYSICAL EXAMINATION

- **Genital :**

- labia is normal / Inside vaginal wall and cervix : normal
- **perineal body is present induration amass7cm and 6cm and 4cm with**

irregular border ,This mass is complex with vaginal posterior with external

anal sphincter to anterior border of rectum(but lumen free)

- Digital Rectal exam : is free of mass
- Urine is normal

About passing stool she can control
But is very tender even stool not so hard .

PROBLEMS LIST

MASS

Severe palpable mass pain/passing stool/sexually intercourse (Menses)

This induration mass in increase(size and severity)of pain every month .

PARACLINICAL EXAMS

- **Small Part Ultrasound at peritoneal body :**

present heterogenic mass pattern 65mm and 45mm and 50mm

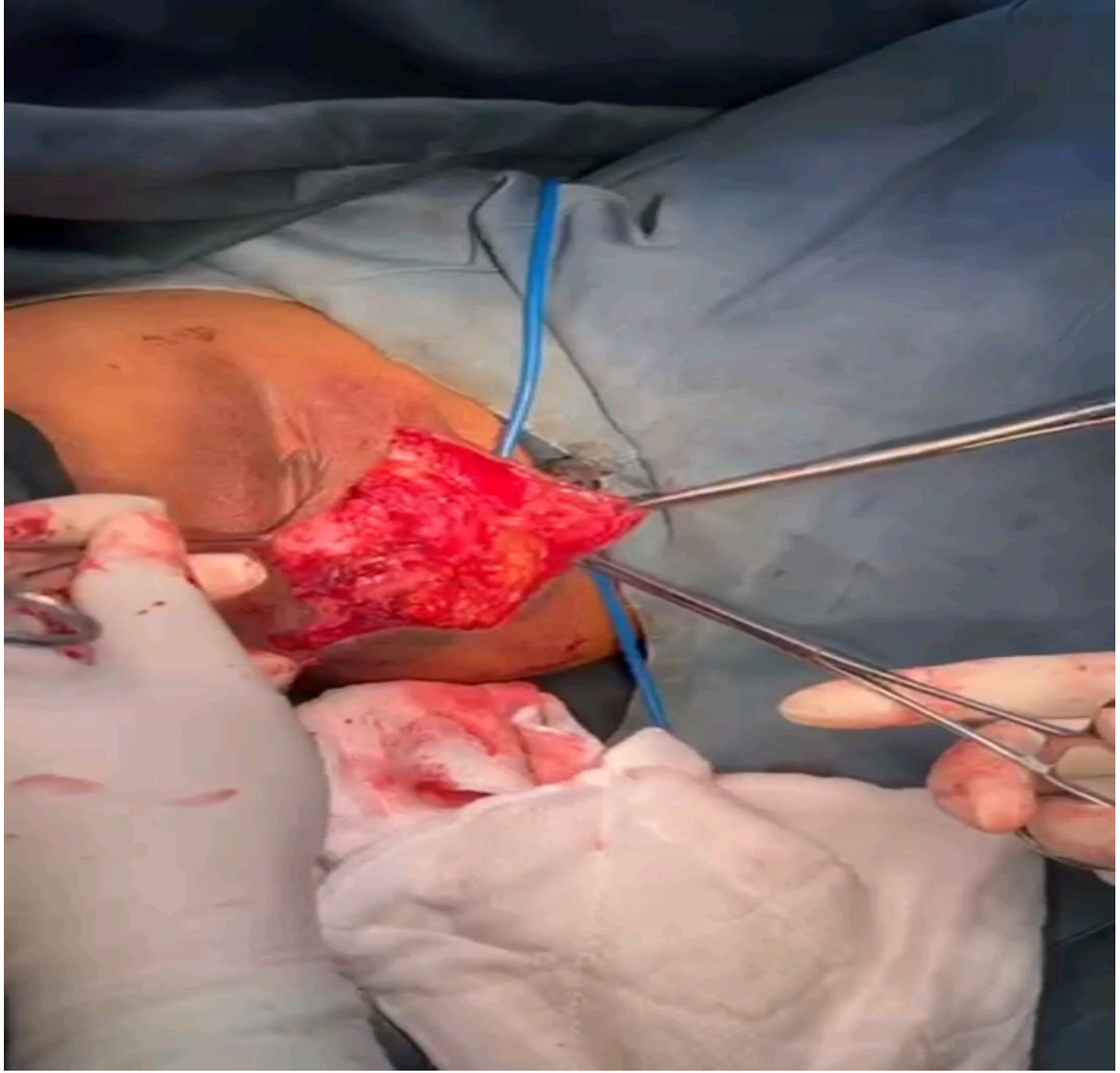
With irregular border and confine to external anal sphincter with

less vascularization.

- CBC is normal
- Liver fucntion test is normal
- coagulation profile is normal
- ECG is normal
- electrolyte
- Renal fucntion is normal
- MRI :Deny

MANAGEMENT

- After discussion the procedure /The patient/her family is agree …!
- Diagnosis : Large endometrioma in perineal body complex
- Indication :Wide local excision and sphinteroplasty with Martius flap



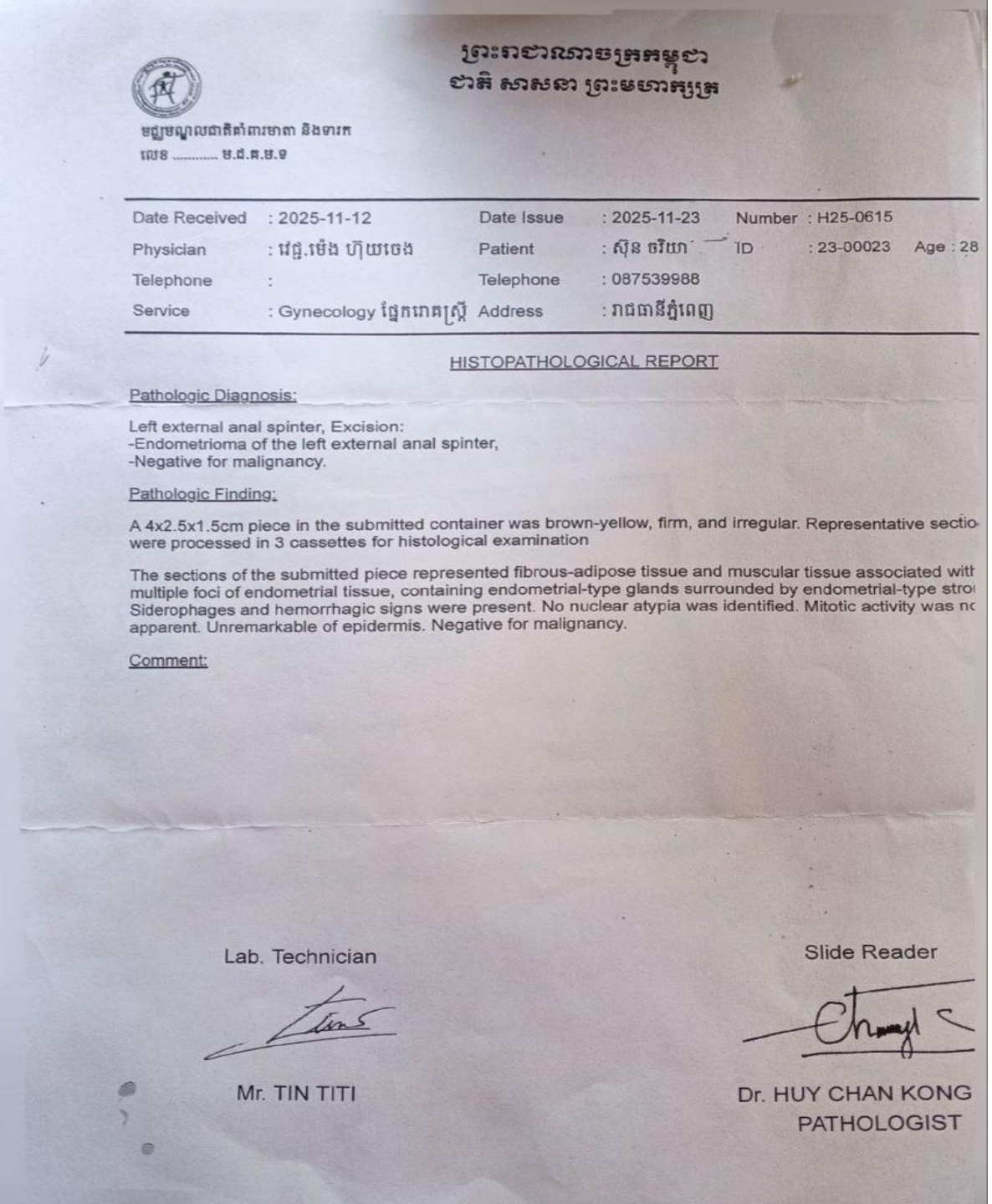
POST OPERATIVE

- LR /D5W 03L Per day .
- CEFTRIAXONE 02G IVL
- METRONIDAZOLE 01fl TID
- Paracetamol 01fl TID(PIV)
- Tramadol 01amp BID(IM)
- Oritaren 1amp BID(IM)
- Albumin 01fl per day (PIV)
- soften stool one perday

WOUND CARE

- Clean wound with NSS EVERY TOILET and keep dry and clean
- Day 03 : wound is no any drapping
- soften stool untile 01week and keep drink plenty of water
- sexual intercourse is allow after 06week to 03month .....

- Follow up 01and 02week /01month /3month
- **No any pain**
- **No any mass regrowth**
- **No any problems passing stool**
- **No any complaint during sexual intercourse**



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ជាតិ សាសនា ព្រះមហាក្សត្រ

មជ្ឈមណ្ឌលជាតិតាំពរមាឌ និងទារក
លេខ ..... ម.ជ.ត.ម.ទ

Date Received	: 2025-11-12	Date Issue	: 2025-11-23	Number	: H25-0615	
Physician	: វេជ្ជ.មើង ហ៊ុយចេង	Patient	: ស៊ុន ចរិយា	ID	: 23-00023	Age : 28
Telephone	:	Telephone	: 087539988			
Service	: Gynecology ផ្នែកវេជ្ជសាស្ត្រ	Address	: រាជធានីភ្នំពេញ			

HISTOPATHOLOGICAL REPORT

Pathologic Diagnosis:

Left external anal spinter, Excision:
-Endometrioma of the left external anal spinter,
-Negative for malignancy.

Pathologic Finding:

A 4x2.5x1.5cm piece in the submitted container was brown-yellow, firm, and irregular. Representative sectio
were processed in 3 cassettes for histological examination

The sections of the submitted piece represented fibrous-adipose tissue and muscular tissue associated with
multiple foci of endometrial tissue, containing endometrial-type glands surrounded by endometrial-type stro
Siderophages and hemorrhagic signs were present. No nuclear atypia was identified. Mitotic activity was nc
apparent. Unremarkable of epidermis. Negative for malignancy.

Comment:

Lab. Technician

Mr. TIN TITI

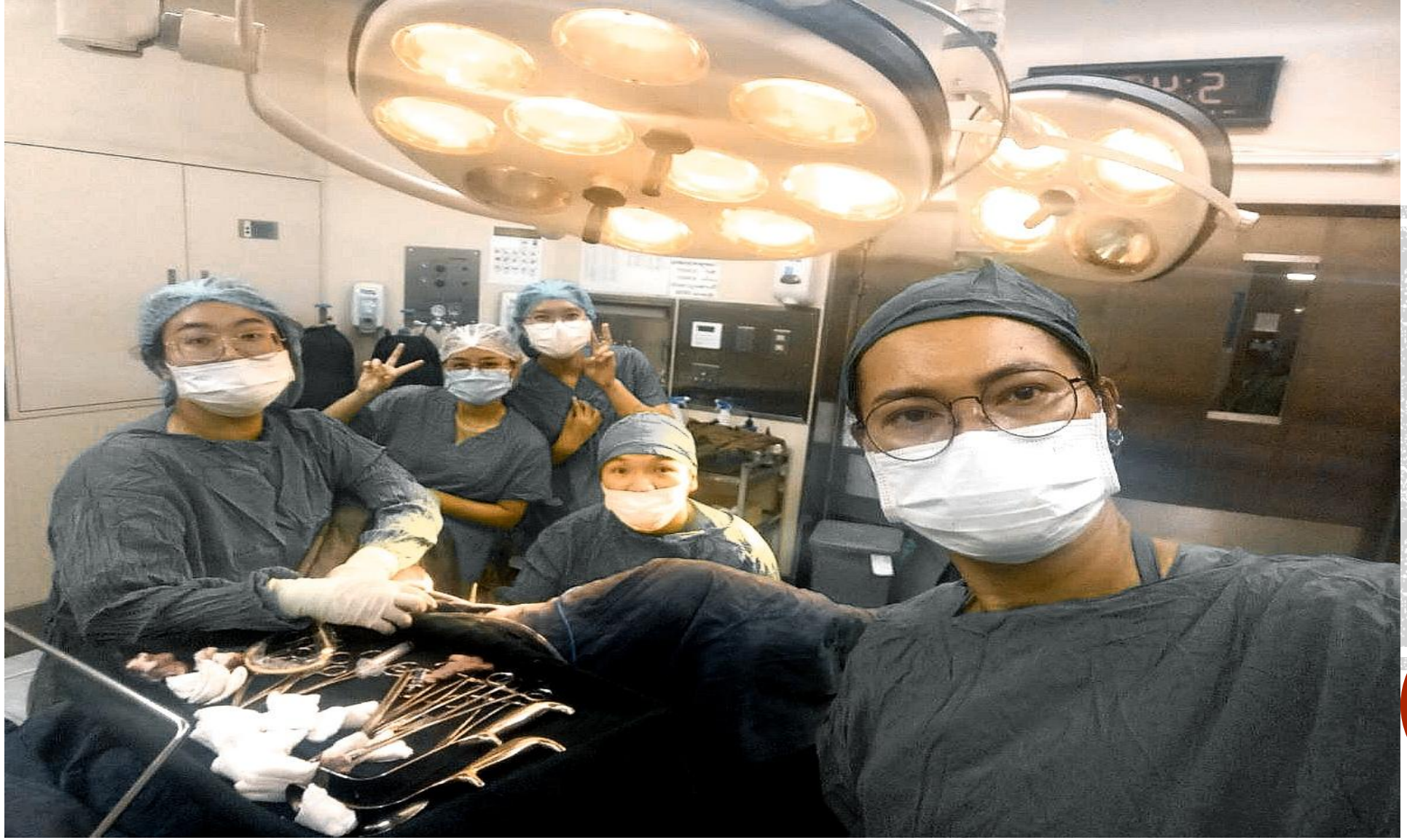
Slide Reader

Dr. HUY CHAN KONG
PATHOLOGIST

MULTIPLE FOCI ENDOMETRIAL TISSUE AND NEGATIVE FOR MALIGNANCY

HOME MESSAGE

- Anatomic fistula repair alone is lower success rat compared to combined with **adjunctive interposition of healthy ,vascularized tissue .**
- Therapeutic approaches healthy tissue -transposed in perineal space (between rectal/vaginal layer) **to enhance blood supply and granulation tissue**
- To obliterate (**dead) space**
- **protect the suture** anatomic fistula repair of different layers and prevent rectal and vaginal stenosis



សូមអរគុណ...!