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Original Article

Deoti surgical flap and sphincteroplasty for treatment of severe perineal deformity

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ABSTRACT

Purpose: Anal incontinence is a very stigmatizing condition, which affects biopsychosocially the patient. It is a neglected, but quite common complication of obstetric and anorectal surgery, however it has treatment options. None of the treatment options have exceptional efficacy rates and still associated with risk of recurrence. The surgery techniques known are: anterior and posterior shortening procedure; post-anal repair; anterior elevator plasty and external sphincter plication; total pelvic floor repair and sphincter repair. None of them use a flap rotation of adipose tissue. The purpose is to propose a new surgery technique of anal sphincteroplasty, which uses flap rotation, for severe perineal deformity associated with anal incontinence.

Methods: Patient with severe perineal deformity and anal incontinence treated with a new surgery technique of sphincteroplasty with flap rotation.

Results: The severe perineal deformity was corrected with both esthetic and functional results. Anal continence measured by Wexner and Jorge assessment in a follow-up period of 2 years after the intervention. Pictures and video show esthetic and functional aspects.

Conclusion: This is the first time that a flap rotation is used to treat a severe perineal deformity. And the technique presented promising outcomes, which allows perineum reconstruction that is similar to the original anatomy. Therefore, this technique is justified to better evaluate its efficiency and the impact on patients' prognosis.

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Retalho cirúrgico de Deoti mais esfínteroplastia para tratamento de deformidade perineal grave

R E S U M O

Palavras chave:

Cirurgia colorretal
Retalhos cirúrgicos
Incontinência fecal
Resultado do tratamento

Objetivo: A incontinência anal é uma condição muito estigmatizante, que afeta biopsicossocialmente o paciente. É uma complicação negligenciada, mas bastante comum da cirurgia obstétrica e anorretal, no entanto, tem opções de tratamento. Nenhuma das opções de tratamento tem taxas de eficácia excepcionais e ainda está associada ao risco de recorrência. As técnicas cirúrgicas conhecidas são: procedimento de encurtamento anterior e posterior; reparação pós-anal; plástica do elevador anterior e plicatura externa do esfíncter; reparo total do assoalho pélvico e reparo do esfíncter. Nenhum deles utiliza uma rotação de retalho de tecido adiposo. O objetivo é propor uma nova técnica cirúrgica de esfínteroplastia anal, que utiliza a rotação de retalho, para deformidade perineal grave associada à incontinência anal.

Métodos: Paciente com deformidade perineal grave e incontinência anal tratada com nova técnica cirúrgica de esfínteroplastia com rotação de retalho.

Resultados: A deformidade perineal grave foi corrigida com resultados estéticos e funcionais. Continência anal medida pela avaliação de Wexner & Jorge em um período de seguimento de 2 anos após a intervenção. Imagens e vídeo mostram aspectos estéticos e funcionais.

Conclusão: Esta é a primeira vez que uma rotação de retalho é usada para tratar uma deformidade perineal grave. E a técnica apresentou resultados promissores, o que permite a reconstrução do períneo semelhante à anatomia original. Portanto, esta técnica é justificada para melhor avaliar sua eficiência e o impacto no prognóstico dos pacientes.

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Introduction

Anal incontinence is the lack of ability to voluntarily control flatulence and feces. This is a symptom which reflects a neglected but quite common complication of obstetric and anorectal surgery. It is a very stigmatizing condition and causes immeasurable negative impact on quality of life, such as disturbance of emotional balance, of social relations, of labor relations, total loss of self-esteem and depression. The patient hides this social embarrassment and faces a social isolation, which worsens with the perineal deformity. Being ashamed to talk about it and ignorant of the treatment possibility, one does not seek care. The patient presents three main complaints: "soiling" (dirt), which is a constant perianal humidity; the unconscious incontinence (passive), when the patient realizes that there has been a loss of content through smell, itching, discomfort or moisture; and incontinence as a matter of urgency, when the patient is unable to inhibit the willingness to evacuate.^{1,2}

The clinical treatment is the primary option for managing anal incontinence, while the sphincteroplasty is a surgical option and there is hesitation to indicate this procedure. Firstly, because the clinical treatment presents good results and 50–70% of the patients have anal function recovery and life quality improvement. Secondly, because the aim of the surgery is to restore the anatomy, not the function. Thirdly, this is a very delicate and complex procedure. And fourthly, the surgical treatment of this condition is still associated with the risk of recurrence or maintenance of incontinence. The anal

sphincteroplasty is often one of the only treatments available. Shows good results in the short term, but there is a decline over time.²

The purpose of this article is to propose a surgical technique for reconstruction of perianal severe anatomical deformities.

Methods

The method is an experimental surgery technique of sphincteroplasty with flap rotation for severe perineal deformity associated with anal incontinence in a female patient with severe fecal incontinence. This new technique was developed at the time of surgery and an informed consent provided by the patient approved the procedure and the photographs taken. The photographs and videos do not allow the patient's identification.

Patient

Female, 32 years, was firstly seen at the colorectal surgery clinic, Faculty of Medicine of Federal University of Minas Gerais, complaining of gas and feces incontinence and chronic pain in right buttock (Wexner and Jorge³ of 20). Severe anal deformity can be seen, with irregular and extensive perianal scar tissue as shown in the video (Video 1). She was submitted to 17 operations for drainage of perianal abscess and complex fistula treatment since she was 15 years old. Her previous story shows diagnosis of fibromyalgia and

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