



Distribution of Rectovaginal Endometriosis 1903 – 1922



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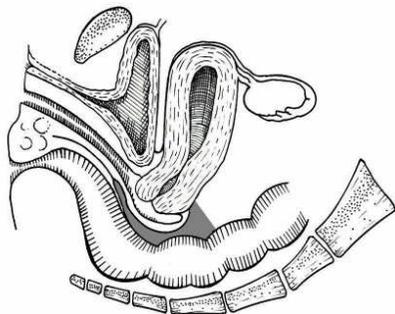
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INTRODUCTION

Anatomical terminology used to describe the location of deeply infiltrating endometriosis involving the rectum and posterior vagina finds its origins early in the literature with publications and illustrations since Futh's 1903 case. These writings and anatomical illustrations are summarized in contributions by Cullen, Lockyer and Sampson. While contemporary anatomical studies have clarified the anatomy of this region and the location of endometriosis involvement, inaccurate descriptive terminology persists. Contemporary leaders in endometriosis research have proposed changes in terminology to reflect current understanding of both the position and origin of lesions in this area.

Early reports of rectovaginal endometriosis incorrectly labeled as "rectovaginal septum" the retrocervical area of the rectovaginal pouch of Douglas. However, anatomically and embryologically, the rectovaginal septum extends from the posterior vaginal commissure to the base of the rectovaginal pouch.



The base of the rectovaginal pouch extends caudally to the level of the middle third of the vagina in 93% of women.

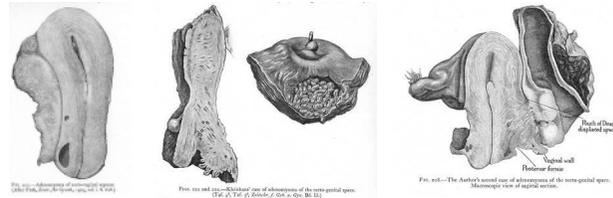
OBJECTIVE

The purpose of this presentation is to clarify the anatomic distribution of rectovaginal endometriosis demonstrated in the literature from 1903 to 1922.

MATERIALS AND METHODS

18 illustrations of rectovaginal endometriosis were reviewed in 5 publications. These publications included illustrations from presentations as early as Futh in 1903.

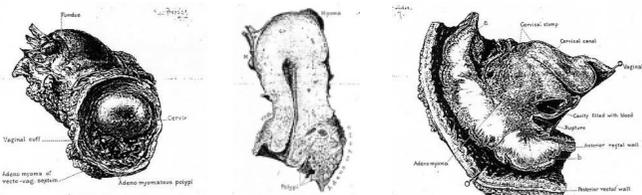
HISTORICAL EXAMPLES



Rectocorporeal involvement is seen in Futh's 1903 case - from Lockyer 1918

Kleinhan labeled this region the "recto-genital space" in 1904 - from Lockyer 1918.

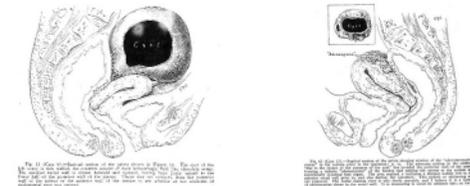
Lockyer's second case was retrocervical with retrocervical, rectocorporeal and rectovaginal involvement (1918).



Cullen's 1917 case #7 demonstrates retrocervical, rectocervical and rectovaginal involvement in the posterior vaginal fornix. Cullen incorrectly labeled this area the "rectovaginal septum."

Cullen's case #8 demonstrates retrocervical, rectocervical and rectovaginal endometriosis involving a cervical stump.

HISTORICAL EXAMPLES



Sampson's 1921 publication on "hemorrhagic (chocolate) cysts" illustrates 11 cases with retrocervical endometriosis. 10 of the 11 cases (#s 2, 5, 8, 9, 10, 12, 13, 15, 21 and 23) had a dominant retrocervical and/or rectocorporeal component. This is demonstrated in cases 9 and 12.

RESULTS

All (18) of the anatomical illustrations demonstrated endometriosis in a retrocervical position with obliteration of the rectovaginal pouch.

Retrocervical Position	18
Rectocervical Involvement	18
Rectovaginal Involvement	18
Rectocorporeal Involvement	10
Pouch Obliterated	18
Vaginal Penetration	4
Upper Vaginal Only	18
Mid-Vagina Involved	0
Lower Vagina Involved	0

CONCLUSIONS

Publications on endometriosis reported from 1903 – 1922 demonstrated endometriosis in the normal anatomic area of the rectovaginal pouch and cephalad to the normal anatomic area of the septum. These landmark early publications agree with current conclusions that rectovaginal endometriosis is a retrocervical disease associated with obliteration of the rectovaginal pouch.

Acknowledgment: Portions of this presentation were presented in 2004 at the 25th Meeting of the Japanese Endometriosis Society in Osaka.