Distribution of Rectovaginal Endometriosis

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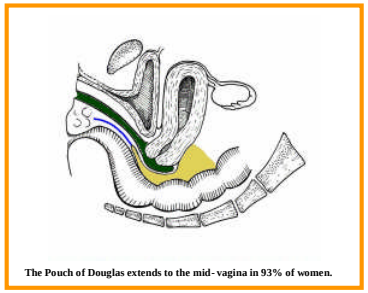
INTRODUCTION

The rectovaginal (rectouterine) pouch (Pouch of Douglas) extends from the upper border of the uterosacral ligaments to the middle third of the vagina in 93% of women. The rectovaginal septum extends from the posterior vaginal commissure to the base of the rectovaginal pouch. However, early reports on the location of endometriosis incorrectly labeled the retrocervical area as being the rectovaginal septum.



The Pouch of Douglas extends to the mid- vagina in 93% of women.

OBJECTIVE

The purpose of this presentation is to clarify the anatomic distribution of rectovaginal endometriosis.

MATERIALS AND METHODS

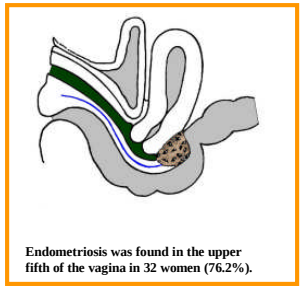
This is a retrospective review of prospectively followed women seen in a private gynecologic practice between January 1, 1997 and May 31, 2004. The study group was identified by a computer search for ICD-9 codes for vaginal, rectovaginal and intestinal endometriosis. 114 consecutively evaluated patients were identified. This group included women with clinical or past surgical diagnoses (21) and those with surgery during the study period (93).

RESULTS

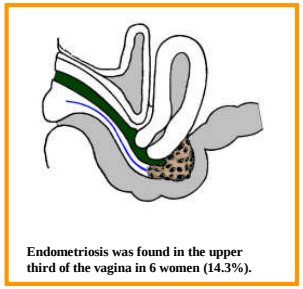
42 patients with surgically confirmed and measured rectovaginal endometriosis were identified. All patients had retrocervical involvement. In 32 (76.2%) of 42, endometriosis had involvement or extension limited to the upper fifth of the posterior vagina. 6 patients (14.3%) had involvement or extension past the upper fifth but limited to the upper third of the vagina and 4 patients (9.5%) had involvement or extension into the middle third of the posterior vagina.

The inferior edge of the endometriosis nodule in surgical patients with rectovaginal endometriosis was 8 cm or greater from the introitus (vaginally) and 8 cm or greater from the anus (rectally) in all except the 4 women with middle third or lower vaginal extension of the rectovaginal nodule. Those 4 had measurements of 4, 4, 5.5 and 6 cm as the closest measurement on rectal or vaginal exam. No patients had involvement deeper than the expected level of the rectovaginal pouch

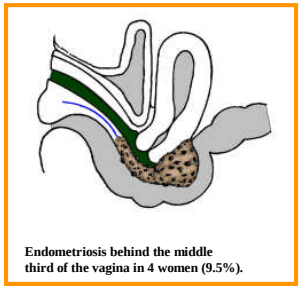
All 4 cases involving the middle third of the vagina were seen 1997 and 1998. Since 1998, no additional patients with involvement or extension at that depth have been found among 31 new patients.



Endometriosis was found in the upper fifth of the vagina in 32 women (76.2%).



Endometriosis was found in the upper third of the vagina in 6 women (14.3%).



Endometriosis behind the middle third of the vagina in 4 women (9.5%).

CONCLUSIONS

Most rectovaginal endometriosis lesions are located in or behind the upper fifth of the posterior vagina and are more rectocervical than rectovaginal. This anatomic position is cephalad to that expected for involvement of the rectovaginal septum. No patients had involvement deeper than the expected level of the rectovaginal pouch

The apparent elongation of the septum seen in 90.5% of women in our study may be 1) stretching of the septum as endometriosis contracts the pouch, 2) coaptation of the anterior and posterior walls of the rectovaginal pouch caudad to an endometriotic lesion or 3) tissue other than septum if the contracting rectovaginal pouch tears away from the septum. Endometriosis behind the mid-vagina in 9.5 % of women 1) may represent expansion or invasion after obliteration of the pouch or 2) may have originated in a deep pouch.

The lack of additional cases in or near the mid-vagina since 1998, suggests that the cluster of 4 patients seen in this population in 1997 - 1998 may overstate the incidence of involvement of the mid-vagina.

Acknowledgment: Portions of this data were presented in 2004 at the 25th Meeting of the Japanese Endometriosis Society and at the 2004 AAGL Annual Meeting and have been submitted to the Journal of Minimally Invasive Surgery (previously the JAAGL).