

Enrico Marani
Wijnand F.R.M. Koch

The Pelvis

Structure, Gender and Society

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ISBN 978-3-642-40005-6 ISBN 978-3-642-40006-3 (eBook)

DOI 10.1007/978-3-642-40006-3

Springer Heidelberg New York Dordrecht London

Library of Congress Control Number: 2013950373

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Printed on acid-free paper

Springer is part of Springer Science+Business Media (www.springer.com)

Contents

1	“Construction Plan” of the Bony Pelvis.	1
1.1	The Bony Pelvis	1
1.1.1	Gender Differences	6
1.1.2	Posture	8
	Literature	15
2	The Pelvis at War	17
2.1	Introduction	17
2.1.1	Neanderthals	18
2.1.2	Pazyryk Mongolian War Skeletons	18
2.1.3	Trojan Siege	19
2.1.4	Modern Weapons	20
2.1.5	Pelvic Stability and Pelvic Fractures	22
2.1.6	Sarajevo	24
	Literature	27
3	The Birth Canal.	29
3.1	Evolution	29
3.2	The Human Birth Canal	35
3.2.1	Abortion	35
3.2.2	Birth Passage Way	35
3.2.3	Position of the Fetus During Delivery	37
3.3	The Uterus During Pregnancy	38
3.4	Pelvic Blood Vessels	43
	Literature	45
4	History.	47
4.1	Historical Panorama I	47
4.2	Bladder Stones	48
4.2.1	The Perineum	49
4.2.2	The Method of Celsus	49
4.2.3	The Method of Marianus	50
4.2.4	Lateral Lithotomy	50

4.3	Vesalius (1514–1564)	51
4.4	Historical Panorama II.	52
4.5	Hendrik van Deventer (1651–1724): Father of Pelvic Science	55
	4.5.1 Van Deventer and His Time.	55
	4.5.2 Van Deventers Life.	56
	4.5.3 Van Deventer’s Thesis	57
	4.5.4 Van Deventer and the Bony Pelvis	58
	4.5.5 Dissemination Through Europe.	62
	4.5.6 The Pelvis	63
	4.5.7 The Coccyx	63
	4.5.8 Deflections of the Pelvis	63
4.6	The Pelvis According to Govard Bidloo (1649–1713).	64
	4.6.1 The Life of Govard Bidloo and Gérard de Laresse.	64
	4.6.2 Cowper’s Plagiarism	65
	4.6.3 Anatomia Humani Corporis	66
	4.6.4 Bidloo’s Description of the Pelvis.	66
	4.6.5 Conclusion.	68
4.7	The Sacrum Bifidum.	68
4.8	In Summary	72
4.9	Historical Panorama III: The Study of Pelvic Soft Tissues.	72
4.10	A Medieval Contagious Disease: Syphilis	74
4.11	Medieval Dissections.	75
4.12	Renaissance	87
4.13	The Route to Vesalius.	88
4.14	Charles Estienne’s De dissectione (1545).	89
4.15	The University of Padua and the Rise of Anatomy	96
4.16	Contribution of Surgery to Anatomy	101
4.17	Contribution of the Seventeenth-Century Scholars	104
4.18	Conclusion.	105
	Literature	106
5	Concepts and Approaches in the Study of the Pelvis	111
	5.1 Introduction	111
	5.2 Symmetry of the Pelvis	112
	5.3 Comparative Anatomy of the Pelvis	115
	5.4 Ontogeny of the Pelvis	116
	5.5 Mechanical Approach to the Pelvis.	118
	5.6 Sirene: A Seducing Pelvic Sound?	120
	5.6.1 Holism and the Deviant.	123

5.7	Biomechanics	125
5.7.1	Girdles: Bony Arches for the Support of Limbs	126
5.7.2	The Closed Kinematic Chain	129
5.7.3	Finite Element Modeling and Pelvic Forces	130
5.7.4	Finite Element Modeling and the Pelvic Diaphragm	133
5.7.5	Finite Element Modeling and Pelvic Organ Movement	134
5.8	The Pelvic Sacroiliac Joint and Low Back Pain	136
	Literature	138
6	Sexual Organs and Society	143
6.1	Anxieties: Koro and Spermatorrhoea	143
6.2	Circumcision, Castration and Mutilation	149
6.3	The Prepuce	153
6.4	G-spot: Clitoral and Vaginal Orgasm	157
6.5	Eunuchs: Castration of Man	161
6.6	Phantoms of the External Genitalia	165
6.7	Plastic Surgery of Sexual Organs	169
	Literature	170
7	Anatomy of the Pelvic Wall	177
7.1	The Mature Pelvic Wall Muscles and Ligaments	177
7.1.1	The Foramina of the Pelvis	177
7.1.2	The Urogenital Diaphragm	179
7.1.3	The Levator Ani Muscle	180
7.1.4	The Corpus Intrapelvinum	183
7.1.5	Again the Urogenital Diaphragm	183
7.1.6	Notions on Ligaments	184
7.1.7	Suspension Operations	186
7.1.8	More on Ligaments and Surgery in Stress Incontinence	187
7.1.9	Abdominal Operations	187
7.1.10	Vaginal Operations	188
7.2	The Relation of the Pelvic Wall Muscles and the Sphincters	189
7.3	Scarpa's, Buck's and Colles Fascias	193
	Literature	197
8	Development of the Pelvic Diaphragm and More	201
8.1	The Two Layers in the Pelvic Diaphragm	201
8.2	Early Embryology: Overview	204
8.3	Development of the Human Pelvic Diaphragm	206

8.4	Detailed Description of the Development of the Pelvic Diaphragm	208
8.5	Gender of the Pelvic Diaphragm.	210
8.6	Development of the Uropoetic System	211
8.6.1	Paired or Unpaired That is the Question!.	212
8.7	The Development of the Pelvic Sphincters.	213
8.8	Surgery of Anorectal Malformations	215
8.9	The Development of the External Urethral Sphincter	220
8.10	Earliest Characteristics of Human Pelvic Development	222
8.11	The Development of Higher Bladder Steering Centers	223
	Literature	226
9	Physiotherapy for Pelvic Muscles	229
9.1	Introduction	229
9.2	Physiotherapy for Pelvic Floor Dysfunctions	231
9.2.1	Toilet Behavior	231
9.3	The Wise-Anderson Method.	236
9.3.1	Anatomy Related to the Wise-Anderson Therapy	237
9.3.2	Physiology Related to the Wise-Anderson Therapy	237
9.3.3	Quality of the Published Results on Trigger Points	238
9.3.4	Trigger-Point Therapy	238
9.3.5	Quality of the Published Results of the Wise-Anderson Method	239
9.4	Anatomy of Pelvic Floor Training	241
	Literature	242
10	The Subperitoneal and Lower Retroperitoneal Space.	245
10.1	Introduction	245
10.2	Carcinoma's in the Retro and Subperitoneal Space	248
10.2.1	Detection of Pelvic Lymph Node Cancer by Computed Tomography and Magnetic Resonance Imaging.	249
10.2.2	Detection of Pelvic Lymph Node Cancer by Size and/or Volume	253
10.2.3	The Development of the Lymphatic System and Milroy's Lymphoedema.	256
10.3	Lumbar Sympathectomy in the Sub- and Retroperitoneal Areas	259
10.4	Testicular Descent	264

10.5	The Subperitoneal Blood Vessels and Ligaments in the Female	270
10.5.1	Blood Vessels and Peritoneal Fluid.	271
10.5.2	Anastomoses: William Turner’s Subperitoneal Arterial Plexus	276
	Literature	278
11	Vision and Waist-to-Hip Ratio	283
11.1	Introduction	283
11.2	The Hidden Role of the Pelvis in Sexual Arousal and Mating	284
11.3	Visual Sexual Information	285
11.4	The Face and Sex	287
11.5	The Enlargement of Pupils.	288
11.6	Waist-to-Hip Ratio	290
11.7	Beautiful Buttocks and Vision	291
11.8	The Gluteus Muscle Group	295
11.9	Gait, the Pelvis and Vision	297
11.10	Spanking	300
	Literature	302
12	Male and Female Bladder.	305
12.1	Introduction	305
12.2	The Dome of the Bladder; the Detrusor Muscle	307
12.3	Demonstrating the Detrusor Forces	307
12.4	The Bladder-Neck or Trigone.	308
12.5	Detrusor Instability	309
	Literature	311
13	The Pelvis and Herbal Medicine	313
13.1	Introduction	313
13.2	History	315
13.2.1	Herbal Medicine and Slavery in Suriname.	320
13.3	Herbal Medicine and Pelvic Problems.	322
13.3.1	Herbal Medicine for Female Pelvic Problems.	322
13.3.2	The Black Cohosh Studies	324
13.3.3	Herbal Medicine for Male Pelvic Problems	326
13.3.4	Prostatitis and Saw Palmetto	326
13.3.5	Phytotherapy and Placebo	328
13.3.6	Saw Palmetto Again	330
13.3.7	Systems Biology.	333
	Literature	334

14	Innervation of the Mature Human Pelvis	337
14.1	Introduction	337
14.2	The Sacral Somatic Plexus	338
14.2.1	Basic Arrangement	338
14.2.2	Sciatic Nerve	339
14.2.3	Pudendal Nerve	339
14.2.4	Alcock's Canal	339
14.3	Pelvic Plexus	341
14.4	Interconnecting Branches	342
14.4.1	Older Literature	343
14.5	The Autonomic Pelvic Plexus	344
14.5.1	Basic Arrangement	344
14.5.2	The Sympathic Trunk and Parasympathic Innervation	344
14.5.3	The Hypogastric Nerves	345
14.5.4	The Pelvic Plexus	345
14.6	What About the Pudendal Nerve?	347
14.7	Neuromodulation	348
14.7.1	SANS	348
14.7.2	EPFS	349
14.7.3	Sacral Nerve Stimulation	349
14.8	Alternatives for Dorsal Rhizotomy	350
14.8.1	The Cryotechnique	350
14.8.2	The Selective Stimulation Electrode	351
14.9	Central Connections	352
14.9.1	Micturition Control	352
	Literature	356
15	Smooth Muscle Electromyography of Bladder and Uterus	361
15.1	Introduction	361
15.2	History	362
15.3	Recording the Bladder EMG	364
15.4	Single Smooth Muscle Cell Studies in the Pig Bladder	366
15.5	Centers of Bladder EMG Activity	368
15.6	Again Fluorescent Spheres	369
15.7	Uterine Electrical Activity	371
	Literature	375
16	Reflexes or Controller Action?	377
16.1	Introduction	377
16.2	Noise	379
16.3	The Reflex	381
16.4	Short Neuron Reflex System	382
16.5	Reflex or Controller Mechanisms in the Pelvis	383

- 16.6 Flow Charts and Continnence 385
- 16.7 The Pelvic Autonomic Ganglia. 388
 - 16.7.1 Introduction 388
 - 16.7.2 Microganglia 389
 - 16.7.3 The Dorsal Root Ganglia and Autonomic
Sensory Information 390
 - 16.7.4 Visceral Organ Cross-Sensitization 394
 - 16.7.5 Short Neuron System in the Repeat 396
 - 16.7.6 Local Tissue Interactions: Urothelium Signaling. 398
- Literature 401

- 17 The Connective Tissue in the Pelvis 407**
 - 17.1 Introduction 407
 - 17.2 The Corpus Pelvinus 408
 - 17.3 Connective Tissue Reinforcements in Fascias. 412
 - 17.4 Connective Tissue Pillars for Blood Vessels 413
 - 17.5 The Rectosacral Fascia 414
 - 17.6 The Perirectal Fasciae 416
 - 17.7 Perianal Connective Tissue 417
 - 17.8 Descensus of the Pelvic Diaphragm 418
 - 17.9 Prolapse. 420
 - 17.10 Conclusion. 421
- Literature 421

- 18 Sitting: A Pelvic Function? 423**
 - 18.1 Introduction 423
 - 18.2 The Shoemaker and Sir Arbuthnot Lane 425
 - 18.3 Rowing 427
 - 18.4 Wheelchair Sitting 430
 - 18.5 Sitting and Delivery 432
 - 18.6 Lumbosacral Curve and Pelvic Rotation During Sitting. 441
 - 18.7 Belly Dancing and Pelvic Movements. 444
- Literature 445

- 19 Sphincters 449**
 - 19.1 Introduction 449
 - 19.2 Similarity of Sphincter Transformation 450
 - 19.3 The External Anal Sphincter 450
 - 19.4 The External Urethral Sphincter: Three Situations 452
 - 19.5 Modeling the Sphincters 453
 - 19.6 Onuf’s Nucleus. 454
 - 19.7 Sphincter Problems 456
 - 19.7.1 Internal Urethral Sphincter (Smooth Muscular
Sphincter or Lissosphincter). 456

19.7.2 External Urethral Sphincter (Striated Muscular Sphincter or Rhabdosphincter) 460

Literature 462

20 Catheters 467

20.1 History of Catheters 467

20.2 Catheterization and its Consequences 469

20.3 The Effects of Party Drugs on Lower Urinary Tract and Sexual Function 471

20.4 Cannabis and Reproduction 476

Literature 478

21 The Pelvis During Childhood and Puberty 481

21.1 Introduction 481

21.2 Pubertal Fat Accumulation 484

21.3 The Bony Pelvis and Puberty 486

21.3.1 Bony Pelvis and Adolescent Deliveries 487

21.3.2 Bone Mineral Content, Osteoporosis, and Sports 488

21.4 Pelvic Visceral Organs 489

21.4.1 Early Development of the Uterus and its Consequences 489

21.4.2 Development of the Uterus Around Puberty and Leiomyomas 493

21.5 The External Genitals 496

21.6 Testis and Ovary 499

21.6.1 Testis and Penis 499

21.6.2 Decrease in Age of Puberty and Increase in Height 500

21.6.3 Leptin and the Testis 502

21.6.4 The Ovary and Puberty 504

21.6.5 The Polycystic Ovary: The Anovulatory Woman 506

21.6.6 The Ovary and Acupuncture 508

21.6.7 The Mono-Ovulating Human Female: The Alternating Ovulation 509

Literature 512

22 The Pelvis and Aging 517

22.1 Introduction 517

22.2 History of Aging Research 519

22.3 Pelvic Organs During Aging 522

22.3.1 Reproductive Organs 523

22.3.2 The Uropoetic System 524

22.4 Hip Problems in Elderly 525

Contents	xiii
22.5 Falls	530
22.6 Genetics	531
Literature	533
Epilogue	537
Acknowledgments	539
Index	543

Introduction: The Pelvis or My Pelvis?

Jonathan Sawday has written a very fine book on the scientific and social implication of the interior discovery of the human body: “The body emblazoned” [1].

Notions about the interior of the human body lasted for centuries before we came to our present understanding of its form and function. History determines our insight into the constituents and their interconnected functions in the human body. This perspective still defines our clinical approach in diagnostics and therapy. For the pelvis and its organs it is a sad story, with rather depressing results, in which humans often have been the experimental “specimens” for inadequate therapies, that often made their situation worse, with nearly no follow-up, except for the clinician’s mantra: “You have to learn to live with it”.

This Introduction starts with the distinction between *the* body and *my* body, so clearly laid down by Jonathan Sawday, which also implies for patients that it is *my* body that clinicians use as *the* body for their experimental playing-field.

“Whatever process is at work, the sense of interiority is inescapably central to the experience of the body within history. Yet, a feature of our sense of interiority is that it can never be experienced other than second-hand. We may look into other bodies, but very rarely are we allowed to pry into our own. We may become familiar with the generalised topography of the body, via different media—photographs, X-rays, illustration, anatomical demonstration, written description, TV documentary—but all these ‘voyages within’ (as the surgeon Richard Selzer has termed them) are journeys of exploration which encounter bodies other than our own. They are passages into *the* body, but not *my* body” (p.7) [1].

Fifteen years ago I (EM) was suspected of having a tumour in my right arm, just at the inside of my elbow. I was taken to our Leiden Academic Hospital to have it removed but refused to have general anaesthesia. I was brought into the operation room, filled with nurses that I was teaching at that time, some of them still in my class, and was operated upon while conscious.

I discussed the muscles, veins and ligaments that the surgeon had to pass and could look in *my* own elbow. Moreover, as an anatomist I could follow and check the surgeon. Of course I learned to understand *the* body in the dissection room and I was able to discuss the “parts of the machinery” of *my* body with the surgeon, based on what I knew from *the* body.

My wife (EM) underwent a laparoscopy under local anaesthesia. She studied French and Italian, and since she has a good understanding of the human body—in fact she is married to an anatomist and one absorbs some knowledge from one’s husband—she clearly could follow the organs that passed on the TV-screen. However, for her it stayed *the* body. She could not feel that it was her body she saw passing. It is like looking at some body on television. The TV-screen objectifies and distances, distorting the personal view.

Our curriculum on the Head and Neck needed upgrading. So we produced a “self-teaching” system, called *Caput* that can be used on an ordinary PC by the students. A medical student together with one of our scientists developed the system. It is based on MRI sections of the medical student’s head. His fear was that something abnormal would be found, but that was not the case and he now reconstructs his own ventricle system and goes forward and backwards through his own head. The journalist who announced *Caput* in our local journal exclaimed at the top of the article “Looking into your own head!” [2].

Clearly *the* body and *my* body merge into one, if one has enough knowledge of human anatomy. It stays divided if one lacks this knowledge. This conclusion holds surely for all the organs of the pelvis and the pelvis itself. Here an extra disturbing factor is present, *shame*: One encounters an extra social antidote to let *the* body melt to *my* body in the pelvis. To paraphrase President Clinton’s election slogan: It is the economy, stupid!- It is the pelvic knowledge, stupid!-

The motive for this book is in this slogan. Most of us have missing links if it concerns the pelvis. Things we want to know that we do not asked due to shame. This book gives you these facts that are knowable and helpful in understanding the pelvis.

The technique used to guide the reader through the book is the “mind map” technique: One central theme, but branching into different facts and into various comprehensions. Later on in other chapters these spider diagram methods are repeated using the already learned information. The same holds for the concept maps used in this book for the notions symmetry, comparison and holism.

The book starts with chapters that bring your anatomical knowledge up to date (Chaps. 1–3) and goes on with history (Chap. 4). Without history one cannot understand the pelvic mistakes still encountered now a days. With the main concepts as treated in Chap. 5, the reader is ready to be astonished what the pelvic sciences have to say on: sexual organs and society, physiotherapy, how man analyses females by their pelvis, the impact of herbal medicine, that sitting is a pelvic function, studies on puberty and aging, and on drugs. This all richly sprinkled with elucidating anatomy and explanatory physiology.