EDITORIAL: PERINEOLOGY... THE STORY BEHIND THE CONCEPT

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The development during the early eighties of the procedure we later called the Mini-Vaginal-Tape (MVT) was the first step on the road to the concept of Perineology.

Development of vaginal surgery for hysterectomy and genital prolapse during the late seventies and the early eighties led inevitably to the need for an efficient vaginal procedure for the cure of the stress urinary incontinence which proved to be frequent in this kind of patients.

Apart from the Marion-Kelly technique, no vaginal procedure was at that time regarded as efficacious enough and the “Gold Standard” for the cure of this urinary dysfunction was then (and remained until the late nineties) the Goebbel-Stoeckel and Burch procedures. The results of the MVT procedure, first done in July 1985, led us not only to abandon the abdominal procedures but also to raise doubts with regard to the theory of Enhorning on which was based these gold standard procedures.

In the same time our understanding of anatomy gained from surgical experience became more concrete during the late eighties with the three dimensional information provided by the new modality of pelvic ultrasound. This led us to define collectively (with physiotherapists and radiologists) a purely anatomical concept (in contrast with the functional) to explain the different pelvic floor dysfunctions.

Finally, collaboration with Professor Ahmed Shafik of Cairo which started in 1994, led to a better understanding of pudendal neuropathy and levator plate sagging as the aetiology of some pelvic floor dysfunctions.

This anatomical approach now is widely accepted but perhaps too focused on the connective tissue defects. It tries to explain the different perineal dysfunctions in terms of specific anatomical defects. Connective tissue defects are more obvious but behind these are hidden other muscular and neurological defects responsible for the gradual development of the different anatomical and functional problems.

In reality it is the same anatomical structures (pudendal nerve, levator plate, pubo-rectalis, superficial muscles of the perineum, pubo-cervical and recto-vaginal fascia) which are all involved in the anatomical arrangement of the perineum and in the integrated command of the different perineal functions. This led us to gather all the dysfunctions brought about by the defects of one or several of these structures into a sole concept which we called “Perineology”. The first detailed description of this integrated approach is in : “L’acte sexuel feminin, Mise à jour 1996, Publication du Collège Français de Gynécologie-Obstétrique, Vigot Ed, Paris”.

In order to bring together the physicians interested in the study and the treatment of these dysfunctions the “Groupement Européen de Péridéologie (GEP)” was created in November 1996. The GEP is a non-profit association that then organized three meetings in 1997, 1998 and 1999 and collectively published the book : “La Péridéologie... Comprendre un équilibre et le préserver”. At the same time, the website www.perineology.com was created to facilitate communication between members and to propagate the ideas of the group.

Although the name “Perineology” had been quickly adopted, the concepts and teachings of the GEP were not readily understood or accepted. Firstly the concepts of Perineology were not widely disseminated outside the French language and secondly, adoption of these teachings were opposed by some French and Belgian academics who were self proclaimed key leaders in the understanding of pelvic floor dysfunction. The control of the conventional medical media by these individuals has delayed the understanding of the concept of Perineology around the world but despite this the concepts pioneered by the GEP and like minded individuals have continued to gain credibility and the survival and future development of Perineology is now assured.

RESOURCES AVAILABLE FOR CLINICIANS

In addition to the information available on the Perineology website www.perineology.com the following references are provided.


Mouchel J. From Urogynecology to Perineology. XVI FIGO World Congress, September 3-8 2000, Washington DC.


Mouchel T., 3D modelization of the pelvic floor : Static and dynamic aspects of normal, pathological and post-surgery anatomy. DVD (in French), GEP 2007.

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A TRIBUTE TO PROFESSOR AHMED SHAFIK

It is with a profound sense of sadness that we announce the untimely death of our Honoured President:

AHMED SHAFIK, MD., PhD.

Professor of Surgery and Experimental Research in Cairo, Egypt

Professor Shafik published more than 1000 peer reviewed papers during his long and celebrated career. Many of these papers were landmark papers concerning the anatomy and physiology of the pelvic floor. He always thought of the perineum as a whole and was probably the first real Perineologist.

Since 1994, we have had the great privilege to be taught by Professor Shafik who became a true mentor as he transmitted to us part of his huge knowledge. Professor Shafik was a generous and kind teacher and a wonderful human being. His publications which describe the role of the pudendal nerve and the levator plate will remain keystones in the understanding and teaching of Perineology.

Thank you Professor Shafik. We are very sad you are already gone.
For the “Groupement Européen de Périnéologie”

Jack Mouchel and Jacques Beco

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UPCOMING MEETINGS

6TH ANNUAL MEETING OF THE MEDITERRANEAN PELVIC FLOOR SOCIETY
CAIRO, EGYPT APRIL 3-5 2008 - www.mspfd.org

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