Editorial

Dedicated to Professor Heinrich Martius, pioneer in the ligamentous origin of chronic pelvic pain in the female

At the turn of the 20th century and up to World War II, Germany was an undoubted leader in all the sciences, including medicine, with German an important language in the literature. Though names like Trendelenburg, Langenbeck, Billroth remain part of daily surgical nomenclature today, many more important discoveries written in the German language, have been entirely forgotten. WWII was catastrophic for German science and especially for the German language as a vehicle of science¹. Many important historical writings became unavailable to the now dominant Anglophone scientific community¹.

Amongst the lost and forgotten works were the pre-war German language writings of Heinrich Martius² on the role of loose uterosacral ligaments in the causation of chronic pelvic pain. It is an accident of fate that these writings were recently brought to the surface by Professor Klaus Goeschen. Goeschen was trained in gynecological surgery by Gerhard Martius, son of Heinrich. He had the knowledge and access to the literature needed to recover these 'lost' writings. In 2015 Goeschen wrote³:

"Since some decades, Heinrich Martius published in the German literature that in about 30% of cases, backaches are provoked by damaged suspending or supporting ligaments of the pelvic organs. The paired "Ligamenta recto-uterina", which are connected via paraproctium to the bony sacrum and therefore in general are termed "plica or ligamenta sacro-uterina" or "uterosacral ligaments" (USL), are placed in the centre of numerous pathophysiological considerations. Unfortunately, Martius's concepts have remained largely unknown in the English literature. In 1993, Petros and Ulmsten independently described CPPS as being caused by lax uterosacral ligaments as part of the "Posterior Fornix Syndrome", along with other pelvic symptoms, nocturia, urgency, abnormal emptying. They reported a significant cure rate of CPPS and other posterior fornix symptoms following repair of the uterosacral ligaments. Petros wrote a classic description of this pain in 1996".

Heinrich Martius wrote detailed descriptions of the role of uterosacral ligament laxity, Frankenhauser and Sacral ganglia in the causation of chronic pelvic pain (CPP), 60 years before Petros's 1996 publication. Sixty lost years in a world where 20% of all women have CPP! Even today, 2017, expert committees from learned societies such as the International Continence Society state that the cause of CPP is unknown and that it is incurable. How can this be?

The Pelviperineology pain issue will be published in two issues, Part I, September 2017 and Part II, March 2018. Part I is faithful to the tradition of Heinrich Martius. The lead paper by Bert Messelink introduces CPP as an evolving and rapidly changing area that is associated with bladder bowel and sexual dysfunctions. In his vision for the future, Bert emphasizes the importance of definitions and guidelines. These include treating the patient as a unique individual requiring a total integrated approach. The "re-discovery" of USL laxity by Petros as a major cause of CPP to which Goeschen refers, is reprinted in full, by permission of ANZJOG. Yuki Sekiguchi et al. elaborate the Messelink vision. They demonstrate co-occurrence of chronic pain, bladder and bowel symptoms with uterine prolapse and cure thereof with a posterior sling which shortens and reinforces the uterosacral ligaments. Patricia Skilling shows how squatting-based pelvic floor exercises can improve CPP as well as bladder & bowel symptoms; Doron Zarfati describes a test which objectively identifies the neurological ganglia as a cause (or not) of the pain; Goeschen and Gold describe the 'iceberg phenomenon', that despite CPP being the presenting symptom, other pelvic symptoms are invariably present and need to be elicited by direct questioning.

It is the hope of Pelviperineology journal that this Pain Issue will go some way to inform the scientific community (and women!) that many aspects of chronic pelvic pain are potentially curable. It is also hoped that the research directions outlined in this issue, some original, some controversial will continue to be examined.

ADI Y. WEINTRAUB, PETER P. PETROS Editors

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