Recommended standardized anatomic terminology of the posterior female pelvis and vulva based on a structured medical literature review.

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Condensation: A review of published literature as it relates to the standardized anatomic terminology of the posterior female pelvic anatomy and vulva.

Short Title: Standardized terminology of the posterior female pelvis and vulva.

AJOG at a Glance:

A) Why was the study conducted? To reconcile anatomical terms in widespread clinical use for the vulva, posterior female pelvic anatomy, including the posterior vagina, with internationally accepted standardized anatomical terminology to facilitate clear communication among health care providers.

B) What are the key findings? We identified anatomic structures in the posterior female pelvis and vulva and provided a list of preferred terms along with proposal of new terms.

C) What does this study add to what is already known? This study provides a standardized anatomical terminology guide for unambiguous communication between health care providers as it relates to the posterior female pelvis and vulva.

Keywords: female pelvic anatomy, gynecology, nomenclature, posterior pelvis, posterior vagina, terminology, vulva

ABSTRACT

BACKGROUND: Anatomic terminology in both written and verbal forms has been shown to be inaccurate and imprecise.

OBJECTIVES: We aimed to (1) review published anatomic terminology as it relates to the posterior female pelvis, posterior vagina, and vulva; (2) compare these terms to *Terminologia Anatomica*, the internationally standardized terminology, and (3) compile standardized anatomic terms for improved communication and understanding.

STUDY DESIGN: MEDLINE was searched from inception until April 6, 2018 using 40 search terms relevant to posterior female pelvic and vulvar anatomy. Eleven investigators reviewed identified abstracts and selected those reporting on posterior female pelvic and vulvar anatomy for full-text review. Eleven textbook chapters were also included. Definitions of all pertinent anatomic terms were extracted for review.

RESULTS: In all, 486 anatomic terms were identified describing the vulva and posterior female pelvic anatomy, including the posterior vagina. *Terminologia Anatomica* has previously accepted 186 of these terms. Based on this literature review, we propose the adoption of 11 new standardized anatomic terms including: 6 regional terms (anal sphincter complex, anorectum, genital-crural fold, interlabial sulcus, posterior vaginal compartment, and sacrospinous-coccygeus complex), 4 structural terms (greater vestibular duct, anal cushions, nerve to the levator ani, and labial fat pad), and 1 anatomic space (deep postanal space). In addition, the

current accepted term rectovaginal fascia/septum was identified as controversial and requires further research and definition prior to continued acceptance or rejection in medical communication.

CONCLUSION: This study highlights variability in the anatomic nomenclature used in describing the posterior female pelvis and vulva. We recommend the use of standardized terminology to improve communication and education across medical and anatomic disciplines.

Introduction:

Anatomic knowledge and the understanding of pathology, as it impacts specific vital structures in the human body, is crucial to the practice of medicine. Imprecision in the use of anatomic terms, particularly in surgical procedures, can lead to confusion about key steps and ambiguity about surgical procedures, ultimately affecting patient care and safety.[1-3] Clear, standardized definitions of anatomic terms are necessary for the transfer of knowledge in medicine, health education, and research.

In an effort to consolidate and improve communication about anatomy, the *Basle Terminologia Anatomica* was published in 1895 and significantly reduced the number of anatomic terms from 50,000 to 5,000.[4] In 1998, the Federative Committee on Anatomical Terminology, with broad representation from various anatomical organizations, published *Terminologia Anatomica* (TA) designed to be the international reference standard of anatomic terms.[4,5] *Terminologia Anatomica,* however, has several limitations in that it lacks definitions for certain structures, does not adequately describe landmarks and planes often used in surgical practice, and was written by a small number of experts with little transparency about the process of selecting terms.[6,7] Recently updated in 2011, *Terminologia Anatomica* also lacks information from imaging modalities and laboratory studies that have furthered the understanding of anatomy.

Currently, the body of knowledge of female pelvic anatomy is described from a variety of perspectives, including anatomists, radiologists, and surgeons.

The Society of Gynecologic Surgeons (SGS) Pelvic Anatomy Group (PAG) was formed in 2016 to create a standardized list of terms for female pelvic anatomy and to address the limitations in current references such as *Terminologia Anatomica.* The standardization of

anatomic terms can help unify the medical literature and improve communication among researchers and clinicians. Recently, this group published the results of two reviews of anatomical terms and recommended standardized terminology for the anterior compartment[8] and apical segment[9] of the female pelvis. The primary aim of the current study was to review the literature, clarify ambiguous terms, reconcile multiple terms used for singular structures, and provide a list of new, clearly defined terms specific to the vulva and posterior female pelvis, including the posterior vagina.

Materials and Methods:

The SGS Pelvic Anatomy Group consists of gynecological surgeons with extensive clinical, anatomical, surgical and imaging expertise, as well as physicians with vast experience in systematic review methodology. Based on our prior work on the anterior female pelvis[8] and apical structures in the female pelvis,[9] an extensive literature search was undertaken to identify relevant terms to the posterior female pelvis, posterior vagina, and vulva.

The posterior pelvis was defined as the area inferior to the superior aspect of the sacrum, including and dorsal to the posterior vaginal wall, medial to the wing of the ilium, and extending inferiorly to the perineum. The posterior margin extended to, but did not include the dermal layers of the skin. The vulva was defined as the area from the mons pubis to the anus and medial to the genital-crural folds, not extending proximally beyond the pubic bone. We excluded adjacent pelvic viscera (i.e. rectum and anal anatomy superior to the pectinate line).

For review of the literature, all study types were accepted including primary clinical studies, narrative review articles, case reports, and studies that described surgical, cadaveric, and radiological anatomy. Radiologic studies utilized computed tomography, magnetic resonance,

sonography and fluoroscopy. Additionally, 11 textbook chapters were selected for review.[10-20] The book chapters were selected to include relevant anatomical, surgical, and imaging terms from various medical disciplines and anatomists to ensure a broad representation of anatomic terminology. All terms were then compared to terms in *Terminologia Anatomica*.[5] As our focus was on normal, adult female anatomy, literature and terms related to the following were excluded: 1) male anatomy, 2) subjects less than 18 years of age, 3) obstetric/postpartum related anatomy 4) histology, 5) cytology, 6) congenital anomalies, and 7) oncologic pathology. We also excluded non-English manuscripts, meeting abstracts, video abstracts, and abstracts without full text manuscripts.

MEDLINE was searched from its inception through April 6, 2018 using the following search terms, including MeSH terms when possible: ala, anal sphincter, Bartholin's gland, bulbospongiosus, central tendon, clitoris, coccygeus, coccyx, Denonvillier's, dorsal nerve, female genitalia, gluteal artery/vein, gluteus muscle, hymen, iliac crest, iliac spine, iliacus, introitus, ischiocavernosus, perineal muscle, perineal body, perineal membrane, perineal nerve, perineal artery/vein, piriformis, posterior vaginal wall, puborectalis, pudendal canal, sacrospinous ligament, sacrotuberous ligament, sacrum, sciatic nerve, Skene's duct/gland, urogenital diaphragm, vestibule(ar), and vulva. As this was a review of previously published data, institutional review board approval was not required.

Abstracts were screened by 11 reviewers using a computer software program, Abstrackr (http://abstrackr.cebm.brown.edu).[21] Based on the patterns of accepts/rejects, the software uses machine learning to identify most-likely relevant citations. Screening was completed in two phases due to the large number of accepted abstracts. Book chapters were reviewed individually by reviewers.

Phase 1 consisted of "mapping" in which abstracts were screened and common anatomic terms were identified. Each of the accepted abstracts was grouped under a common anatomic term, randomly selected, and assigned to individual group members for review. An iterative approach was undertaken in which groups of 10 to 15 articles were reviewed concurrently. We identified 14 common terms: anal sphincter, clitoris, labia/um, perineum, pudendal, puborectalis, rectovaginal, sacrospinous, vulva, piriformis, Bartholin's, sciatic, inferior gluteal artery, introitus, and "other". Once a common term was deemed "saturated" (i.e., appearing in 12 accepted manuscripts) it was then excluded from further screening and extraction. To ensure adequate representation of the rarer terms, abstracts that were not initially assigned to a common anatomic term were selected for review at twice the rate of the common terms. This process was repeated until approximately 200 articles had been selected for full extraction. Based on our prior work[8,9] and group consensus, inclusion of 200 articles appears to offer a representative sample of the published literature while allowing for feasibility of the study.

Phase 2 included full extraction of each article and book chapter distributed among the 11 reviewers. The following variables were collected in a standardized extraction form, including: reported anatomic term(s), author's proposed definitions if available, publication year, country of origin, and study type. Anatomic terms were then matched to terms referenced in *Terminologia Anatomica*. Terms that did not have a corresponding term, were recorded for further group review and discussion. Based on group consensus, these terms were identified and accepted as "proposed" new terms, rejected terms, or controversial terms that require further information. Anatomic terms that were identified as histologic entities (e.g., fascia), were captured for planned future reviews. Lastly, anatomic terms that were previously discussed in the anterior

compartment and apical segment projects, and not relevant to the posterior pelvis, were excluded.[8,9] Two pelvic anatomy experts (MMC, JD) were consulted throughout the process. The preliminary findings were presented at the SGS 45th Annual Scientific Meeting in April 2019 in Tucson, AZ. Our complete results and drafted article were then submitted to the SGS Board of Directors for review and approval. Additional reviewers included both colorectal and urological surgeons. Lastly, the project was subsequently distributed to the SGS membership community, which includes general and subspecialty gynecologists, for review.

Results:

The literature search identified 22,872 abstracts of which 19,938 were excluded via an initial round of abstract review. After phase 1 review and 'saturation' of common anatomic terms, full extraction was performed on 222 full-text articles and 11 book chapters. We rejected 15 full-text articles due to inability to isolate female specific anatomic terms, focus malignant pathology, and/or absence of predefined anatomic terms relevant to this review. A total of 486 separate terms were identified and after group consensus, 222 terms were rejected due to being nondescriptive or outside of the scope of the posterior pelvis or vulva (Figure 1). The remaining 264 terms were then categorized into previously accepted terms in *Terminologia Anatomica* (Table 1) and proposed new terms (Table 2). Table 1 lists previously accepted terms in *Terminologia Anatomica* along with the nonpreferred synonyms noted in this review. Table 2 summarizes the proposed new terms and definitions that were developed based on published literature and group consensus. Anatomic illustrations are included to further highlight posterior pelvic and vulvar anatomy along with incorporation of key proposed terms (Figures 2,3).

Proposed New Terms

Regional Terms: These generalized terms describe an anatomical region rather than a definitive anatomical structure.

1) Anal sphincter complex: appeared in 4 citations [22-25] from 3 countries (Australia, Austria, United States) from 2004 to 2013. A synonym noted was "anal sphincter muscles." The anal sphincter complex is a grouping term that can be used when describing all portions of the external and internal anal sphincter muscles.
2) Anorectum: was used in 6 citations [26-31] from 1993 to 2013 from 4 countries (Austria, Australia, Norway, United States). As this term was not specifically defined in the selected articles, we propose this term as the area where the rectum fuses with the anal canal during embryological development. This was primarily described in radiographic imaging studies and in gross anatomy reviews.
3) Genital-crural fold: appeared in 1 citation [32] from 1994 from the United Sates. This term describes the groove between the superior medial thigh and the lateral aspect of the labium majus. A non-preferred synonym was "groin crease."
4) Interlabial sulcus: was used in 1 citation [33] from 2015 from the United Sates. A non-preferred synonym noted was "labial sulcus." This term describes the groove where the medial aspect of the labium majus and the lateral aspect of the labium minus intersect.
5) Posterior vaginal compartment: was used in 6 citations [22,31,34-37] from 2001 to 2018 from 5 countries (Australia, Canada. Italy, Germany, United States). This region is

defined as that includes the posterior vaginal wall from the epithelium of the perineal body distally to the recto-uterine peritoneal fold proximally. It extends dorsally to the anterior rectal and anal canal walls and laterally to where the lateral walls of the posterior vagina join the connective tissue that attach to the bony pelvis.

6) Sacrospinous-coccygeus complex: appeared in 3 citations [38-40] from 2007 - 2016 from 1 country (United States). The sacrospinous-coccygeus complex includes both the sacrospinous ligament and overlying coccygeus muscle. These structures have the same attachment points and represent the apical fixation point during sacrospinous ligament fixation procedures.

Structural Terms:

1) Greater vestibular duct: appeared in 2 citations [41,42] from 1950 to 2012 from 1 country (United States). The non-preferred synonym noted in the literature was "Bartholin's gland duct". This term is used to describe a duct that supplies the greater vestibular gland.
2) Anal cushions: was used in 2 citations [29,43] from 2004 to 2006 from 2 countries (United Kingdom, United States). The non-preferred synonym identified in the literature was "endovascular cushions." This term describes the mucosal vascular prominences formed by clusters of veins surrounding the anal canal.
3) Nerve to levator ani: appeared in 6 citations [10,38,44-47] from 2006 to 2018 from 2 countries (Netherlands, United States). This nerve is described as originating from the third through fifth sacral nerve roots (S3-S5) and supplying the levator ani muscles from their superior or pelvic surface.

4) Labial fat pad: used in 1 citation [48] in 2013 from China. The non-preferred synonym was "bulbocavernosus fat pad." This term is used to describe the fat that underlies the labium majus and is used during creation of the Martius labial interposition flap for pelvic surgery.

Anatomic spaces:

1) Deep postanal space: used in 1 citation [42] from 2012 from the United States. This space is described as the region between the levator ani and the anococcygeal body, which includes the pubococcygeal tendon, iliococcygeal raphe and the attachment of the superficial external anal sphincter. The anterior border is the deep part of the external anal sphincter, superior border is the inferior surface of the levator ani muscles, and the inferior border is the superficial part of the anal sphincter as it inserts to the coccyx via the anococcygeal body. This space can be relevant in location and treatment of anal fistulas and/or abscesses.

Controversial term:

1) Rectovaginal fascia; rectovaginal septum: was described in 33 citations [11-13,15,16,22,24,26,28,31,34,35,37,49-65] from 11 countries (Australia, Austria, Brazil, Canada, Germany, Italy, Japan, Poland, Switzerland, United Kingdom, United States) from 1996 to 2018. Nonpreferred synonyms included Denonvillier's fascia,[15,19,26,53,62,66,67] rectogenital fascia,[23] rectogenital septum, [23] and prerectal fascia.[36] *Terminologia Anatomica* recognizes this as an anatomic structure and it has been widely used in anatomic literature. However, more recent investigations have failed to identify a distinct dense fibroconnective tissue "fascial" layer between the anterior rectal wall and posterior vaginal wall.[39] Further histologic

investigation is needed, as there is insufficient evidence to support or refute continued use of this term.

Comment:

Principal Findings: The purpose of this review was to identify, describe, and standardize anatomical terms in the literature related to the posterior female pelvis and vulva. Similar to our group's previous work, we identified the lack of standardized anatomic terminology and notable inconsistencies in the medical literature.

Results: After review, we propose six new regional terms (anal sphincter complex, anorectum, genito-crural fold, interlabial sulcus, posterior vaginal compartment, and sacrospinous-coccygeus complex), four anatomic terms (greater vestibular duct, anal cushions, nerve to levator ani, and labial fat pad), one anatomic space (deep postanal space), and one controversial term (rectovaginal fascia; rectovaginal septum).

Clinical Implications: Throughout this review, as with our prior reviews, the use of eponyms was notable. Eponyms, or terms named after their discoverers, are prevalent throughout medical communication and education. In obstetrics and gynecology, eponyms exist in many domains, including anatomic structures, surgical instruments, surgical procedures, incisions, diseases states, scoring systems, physical examination findings, and diagnostic tests.[68] For example, two particular terms "Bartholin's gland" and "Fallopian tube," are in such common use and have become so entrenched in the anatomical lexicon that they are often spelled without capitalization.[9,68] Although such terms may add historical significance and a more human side to the technical aspects of medicine, they are often a source of confusion. For example, the term "Bartholin's gland" appears in the *Terminologia Anatomica* index of eponymous terms, a listing

designed to assist readers in identification of appropriate non-eponymous terms.[5] The corresponding *Terminologia Anatomica* term for this eponym is greater vestibular gland. "Bartholin's duct" also appears in this index, but is not the duct of the greater vestibular gland as would be expected by a women's health practitioner, but rather the major sublingual salivary gland duct, a term for which Caspar Bartholin is also credited.[69] Thus, our proposal for "greater vestibular duct" was not arbitrary, but designed to circumvent such confusion and promote consistency in the use of these terms. Similar confusion exists surrounding the Fallopian (uterine) tube nomenclature, wherein Gabriele Fallopio has been credited with naming other parts of the human body – "Fallopian" (facial) canal, "Fallopian" (inguinal) ligament, "Fallopian" muscle (pyramidalis), and "Fallopian" (ieocecal) valve.[70] Thus, while we acknowledge the challenges in eliminating such prominent terms from our vocabulary, we recommend avoiding eponyms and advise adherence to unique standardized terms in medical communications.

In review of vulvar anatomy, various terms, groupings, and non-preferred synonyms were encountered. Knowledge of vulvar anatomy is essential for surgical procedures and has also crossed into the medico-legal and socio-cultural domains, which highlights the need for terminological standards. With the growing popularity of female genital cosmetic surgery, including reduction of the clitoral prepuce, alteration of the labial minora/majora, hymenal reconstruction, or amplification of the "G-spot", [71] preferred and accepted terminology is paramount.

Research Implications: Though rectovaginal fascia/septum is an accepted *Terminologia Anatomica* term, it has been classified as a controversial term in this focused evaluation of the posterior compartment. Rectovaginal fascia/septum or various synonyms were identified in 33 of

the selected publications for review and the term commonly utilized in both anatomical and surgical arenas. However, additional studies have been inconclusive as to whether a rectovaginal fascia/septum is a distinct entity.[39,54,72-75] Redefining a standard *Terminologia Anatomica* term represents a departure from previous work from this group,[8,9] but epitomizes and highlights our purpose to compile, clarify, and update, if indicated, standard anatomic terms for the female pelvis. In *Terminologia Anatomica*, the same unique identifying number is used for "rectovaginal fascia; rectovaginal septum"; and "rectovesical septum." However, six common anatomic and surgical textbooks in this study describe a fascial condensation between the vagina and the rectum that is surgically important for posterior vaginal repair, vaginal reconstruction, and rectal mobilization during colorectal procedures. Given the potential of this structure, further research is necessary to resolve the discrepancy between surgical and histologic findings and to inform future terminology recommendations.

Strengths and Limitations: Strengths of this study include a broad comprehensive review of current literature including surgical manuscripts, cadaveric descriptions, radiographic imaging modalities, gross anatomy textbooks, and pathological studies. Although not technically a systematic review, as it was not feasible to extract terms from 22,000+ manuscripts, we clarified anatomic terminology of the posterior female pelvis and vulva using standardized extraction. All terms were compared to the standard referent *Terminologia Anatomica* and when applicable, we utilized group consensus.

Limitations of our work include restricting analysis to only those terms published in the English language. Additionally, it is possible that by excluding non-English studies, meeting abstracts, rare anatomy, and obstetrical/postpartum anatomy, we may have overlooked less commonly used terminology or unique anatomic descriptions. Ultimately, the focus of this review was on

normal anatomy for the posterior female pelvis and vulva, therefore, we excluded abnormal pathology such as malignancy and congenital anomalies. Finally, the majority of group members are gynecological specialists. Therefore, we sought the input and review from other pelvic specialists, such as colorectal surgeons and urologists.

Conclusion: Through expert review and group consensus, we present a list of recommended terms for the posterior female pelvis and vulva and propose new anatomic terms to be considered for adoption. As with our previous work, we recommend use of the English or Latin accepted term and minimizing the use of nonpreferred synonyms and/or eponyms. Use of standardized terminology in both written and verbal communications, will lead to less confusion and improved understanding between clinicians, surgeons, anatomists, and students.

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536 Table 1. Accepted *Terminologia Anatomica* Terms –

English	Latin	Unique Identification Number	Number of publications that used the English or Latin term	Non-preferred Synonyms (# of publications that used this term)
Vulva				
Anterior commissure	***Commissura labiorum anterior***	A09.2.01.004	2	
Bulb of vestibule	***Bulbus vestibuli***	A09.2.01.013	11	Clitoral bulb (2)
Greater vestibular gland	***Glandula vestularis major***	A09.2.01.016	4	Bartholin's gland (19), Major vestibular gland (1), Vestibular gland (3)
Perineal body	***Corpus perineale; Centrum perinei***	A09.5.00.005	35	Central tendon (3)
Clitoral body	***Corpus clitoridis***	A09.2.02.003	14	
Clitoral crus	***Crus clitoridis***	A09.2.02.002	3	
Clitoral frenulum	***Frenulum clitoridis***	A09.2.01.010	8	
Clitoral glans	***Glans clitoridis***	A09.2.02.004	18	
Clitoral prepuce	***Preputium clitoridis***	A09.2.01.009	14	Clitoral hood (8)
Clitoris	***Clitoris***	A09.2.02.001	27	
Corpora cavernosa	***Corpus cavernosum clitoridis***	A09.2.02.005	5	
Crura/s	***Crus Clitoridis***	A09.2.02.002	6	
Paraurethal ducts	***Ductus paraurethrales***	A09.2.03.015	2	Skene's glands ducts (2)
Female external genitalia	***Organa genitalia feminine externa***	A09.2.00.001	2	

Vestibular fossa	***Fossa vestibuli vaginae***	A09.2.01.012	0	Fossa navicularis (3)
Labium Majus	***Labium majus pudendia***	A09.2.01.003	9	Labia majora (30), Greater labia (1)
Hymen	***Hymen***	A09.1.04.008	16	Hymenal ring (8)
Vaginal orifice	***Ostium vaginae***	A09.2.01.015	3	Introitus (41), Vaginal entrance (1), Vaginal opening (1), Vaginal outlet (1)
Labium Minus	***Labium minus pudendi***	A09.2.01.007	4	Labia minora (31)
Mons pubis	***Mons pubis***	A09.2.01.002	8	
Hymenal caruncle	***Caruncle hymenales***	A09.1.04.009	8	
Lesser vestibular glands	***Glandulae vestibulares minores***	A09.2.01.017	0	Paraurethral glands (2), Skene's glands (2)
Perineum	***Perineum***	A09.5.00.001	52	
Perineal Membrane	***Membrana perinei***	A09.5.03.002	12	Superficial perineal membrane (4)
Posterior commissure	***Commissura labiorum posterior***	A09.2.01.004	5	
Fourchette	***Frenulum labiorum pudenda***	A09.2.01.008	3	Posterior fourchette (9), vaginal fourchette (2)
Vulva	***Vulva; pudendum***	A09.2.01.001	43	
Suspensory ligament	***Ligamentum fundiforme clitoridis***	A04.5.02.019	4	
Urogential hiatus	***Hiatus urogenitalis***	A04.5.04.010	4	
Vestibule	***Vestibulum vaginae***	A09.2.01.012	20	Vulvar vestibule (2)
Musculoskeletal				

Ala of sacrum	***Ala ossis sacri***	A02.2.05.004	1	
Pudendal Canal	***Canalis pudendalis***	A09.5.04.003	13	Alcock's canal (13)
Superior gemellus	***Musculi gemellus superior***	A04.7.02.013	2	
Perineal muscles	***Musculi perinei***	A04.5.05.001	1	
Anterior sacral foramen	***Foramina sacralia anteriorora***	A02.2.05.012	3	Sacral foramen (1)
Bulbospongiosus muscle	***Musculi bulbospongiosus***	A09.5.02.005	10	Bulbocavernosus (16)
Coccygeus muscle	***Musculi ischiococcygeus; musculi coccygeus***	A04.5.04.11	18	
Coccyx	***Os occygis***	A02.2.06.001	22	
Gluteus maximus muscle	***Musculi gluteus maximus***	A04.7.02.006	15	
Gluteus medius muscle	***Musculi gluteus medius***	A04.7.02.007	8	
Greater sciatic foramen	***Foramen ischiadicum majus***	A03.6.03.008	16	Sciatic foramen (1), infrapiraform foramen (1)
Greater sciatic notch	***Incisura ischiadica major***	A02.5.01.009	11	Sciatic notch (1)
Ilium	***Os ilium; ilium***	A02.5.01.101	11	
Iliac crest	***Crista iliaca***	A02.5.01.106	5	
Iliac fossa	***Fossa iliaca***	A02.5.01.115	3	
Iliacus	***Iliacus***	A04.7.02.003	1	
Iliococcygeus muscle	***Musculi iliococcygeus***	A04.5.04.008	19	
Inferior gemellus muscle	***Musculi gemellus inferior***	A04.7.02.014	2	
Pubic tubercle	***Tuberculum pubicum***	A02.5.01.303	1	
Inguinal canal	***Canalis inguinales***	A04.5.01.026	2	
Pubovesicalis muscle	***Musculi pubovesicalis***	A04.5.03.014	1	
Ischial rami	***Ramus ossis ischii***	A02.5.01.203	2	

Ischiocavernosus muscle	***Musculi ischiocavernosus***	A09.5.02.004	11	
Ischium	***Os ischii; ischium***	A02.5.01.201	11	
Lesser sciatic foramen	***Foramen ischiadicum minus***	A03.6.03.009	11	
Pelvic parietal peritoneum	***Peritoneum parietale***	A10.1.02.005	1	Peritoneum of the cul de sac (1)
Pelvic inlet	***Apertura pelvis superior***	A02.5.02.008	1	
Pelvic outlet	***Apertura pelvis inferior***	A02.5.02.009	1	
Piriformis muscle	***Musculi piriformis***	A04.7.02.011	38	
Posterior superior iliac spine	***Spina iliaca posterior inferior***	A02.5.01.114	8	
Posterior sacral foramen	***Foramina sacralia posteriora***	A02.2.05.015	1	
Promontory	***Promontorium***	A02.2.05.003	1	Sacral promontory (5)
Psoas muscle	***Musculi psoas major*** ***Musculi psoas minor***	A04.7.02.004 A04.7.02.005	4	
Rectococcygeus muscle	***Musculi rectococcygeus***	A05.7.04.011	2	
Quadratus femoris muscle	***Musculi quadratus femoris***	A04.7.02.015	2	
Sacrum	***Os sacrum; vertebrae sacrales***	A02.2.05.001	31	Sacral body (1)
Sacral base	***Basis ossis sacri***	A02.2.05.002	1	
Sacral canal	***Canalis sacralis***	A02.2.05.019	1	
Sacrococcygeal joint	***Articulatio sacroiliaca***	A03.6.03.001	10	
Sacral hiatus	***Hiatus saacralis***	A02.2.05.020	1	
Superficial transverse perineal muscle	***Musculi transversus perinei***	A09.5.02.003	21	

	superficialis			
External anal sphincter muscle	***Musculi sphincter ani exterunus***	A04.5.04.012	61	
Subcutaneous external anal sphincter muscle	***Musculi sphincter ani externus pars subcutanea***	A04.5.04.013	4	
Internal anal sphincter muscle	***Musculi sphincter ani internus***	A05.7.05.011	34	
Superficial external anal sphincter muscle	***Musculi sphincter ani externus pars superficialis***	A04.5.04.014	5	
Anus				
Anus	***Anus***	A05.7.05.013	11	Anal orifice (2), anal aperture (1)
Anal canal	***Canalis analis***	A05.7.05.001	28	
Anocutaneous line	***Linea anocutanea***	A05.7.05.008		Anal verge (1)
Pectinate line	***Pecten analis***	A05.7.009	1	Dentate line (1)
Vagina				
Posterior vaginal fornix	***Fornix vaginae pars posterior***	A09.1.04.004	1	
Posterior vagina	***Paries posterior***	A09.1.04.007	33	
Ligaments/Fascia				
Rectovaginal fascia; Rectovaginal septum	***Fascia rectovaginalis; septum rectovaginale***	A04.5.03.004	33	Denovillier's fascia (7), rectogenital fascia (1), rectogenital septum (1), prerectal fascia (1)
Iliococcygeal raphe	***Raphe musculi iliococcygei***	A04.5.04.018	2	
Inguinal ligament	***Ligagmentum inguinale; arcus inguinalis***	A04.5.01.009	1	
Anococcygeal body; Anococcygeal	***Corpus anococcygeum; ligamentum***	A04.5.04.016	6	Anococcygeal raphe (1)

ligament	***anococcygeum***			
Anterior sacrococcygeal ligament	***Ligamentum sacrococcygeum anterius/ventrale***	A03.2.08.004	1	
Sacrococcygeal joint	***Articulatio sacroccocygea***	A03.2.08.001	1	
Sacrospinous ligament	***Ligamentum sacrospinale***	A03.6.03.007	38	
Sacrotuberous ligament	***Ligamentum sacrotuberale***	A03.6.03.005	25	
Vasculature				
Perineal artery	***Arteria perinalis***	A12.2.15.040	10	Artery to the bulbocavernosus (1)
Deep artery of the clitoris	***Arteria profunda clitoridis***	A12.2.15.045	0	Clitoral artery (6)
Anterior labial artery **Posterior labial artery**	***Labiales anteriores*** ***Labiales posteriores***	A12.2.16.015 A12.2.15.041	1 4	Labial artery (3), labial branch (1), labial minora artery (1)
Artery to the bulb	***Arteria bulbi vestibuli***	A12.2.15.043	5	
Circumflex gluteal artery	***Arteria circumflexa ilium profunda***	A12.2.16.008	1	
Coccygeal artery	***Glomus coccygeum***	A12.2.12.011	3	
Common iliac artery	***Arteria iliaca communis***	A12.2.14.001	2	
Deep dorsal vein of the clitoris	***Venae dorsalis profunda clitoridis***	A12.3.10.014	3	Dorsal vein of the clitoris (2)
Deep external pudendal artery	***Arteria pudenda externa profunda***	A12.2.16.014	1	
Dorsal artery of the clitoris	***Arteria dorsalis clitoridis***	A12.2.15.044	8	
Inferior rectal artery	***Arteria rectalis inferior***	A12.2.15.039	7	External hemorrhoidal artery (1), inferior

				hemorrhoidal artery (1)
Inferior rectal vein	***Venae rectales inferiores***	A12.3.10.021	6	External hemorrhoidal vein (1), inferior rectal venous plexus (1)
Iliolumbar artery	***Arteria iliolumbas***	A12.2.15.003	3	
Inferior gluteal artery	***Arteria glutea inferior***	A12.2.15.018	21	
Inferior gluteal vein	***Venae gluteae inferiores***	A12.3.10.006	3	
Internal pudendal artery	***Arteria pudenda interna***	A12.2.15.038	26	Inferior pudendal artery (1)
Internal iliac artery	***Arteria iliaca interna***	A12.2.15.001	5	
Internal iliac vein	***Vena iliaca interna***	A12.3.10.004	2	
Internal pudendal vein	***Venae pudenda interna***	A12.3.10.019	8	
Lateral sacral arteries	***Arteria sacrales laterales***	A12.2.15.006	0	Sacral artery (4)
Vaginal artery	***Arteria vaginalis***	A12.2.15.035	1	
Median sacral artery	***Arteria sacralis mediana***	A12.2.12.08	2	
Middle rectal artery	***Arteria rectalis media***	A12.2.15.036	7	Middle hemorrhoidal artery (1)
Middle rectal veins	***Venae rectales mediae***	A12.3.10.018	3	Middle hemorrhoidal vein (1)
Obturator artery	***Arteria obturatoria***	A12.2.15.008	4	
Obturator vein	***Venae obturatoriae***	A12.3.10.007	2	
Posterior labial vein	***Venae labiales posteriores***	A12.3.10.022	2	
Superior gluteal artery	***Arteria glutea superior***	A12.2.15.013	10	
Superior gluteal vein	***Venae gluteae superiores***	A12.3.10.005	2	
Superior rectal	***Arteria rectalis***	A12.2.12.073	2	Superior

artery	***superior***			hemorrhoidal artery (8)
Superior rectal vein	***Venae rectalis superior***	A12.3.12.035	1	Superior hemorrhoidal vein (3)
Vaginal artery	***Arteria vaginalis***	A12.2.15.035	6	
Vaginal venous plexus	***Plexus venosus vaginalis***	A12.3.10.017	2	Vaginal vein (2)
Vein of the bulb of the vestibule	***Venae bulbi vestibuli***	A12.3.10.023	1	
Sacral venous plexus	***Plexus venosus sacralis***	A12.3.10.009	1	
Regions/Spaces				
Anal triangle	***Regio analis***	A01.2.06.002	2	
Anorectal junction	***Junctio anorectalis***	A05.7.05.003	4	
Urogenital peritoneum	***Peritoneum urogenitale***	A10.01.02.051	0	Cul de sac peritoneum (2)
Intersphincteric groove	***Sulcus intersphincteric us***	A05.7.05.012	2	
Female genital system	***Systema genitale femininum***	A09.0.00.001	3	Genital tract (1)
Urogenital triangle	***Regio urogenitalis***	A01.2.06.003	3	
Deep perineal pouch; deep perineal space	***Saccus profundus perinei; spatium profundum perinei***	A09.5.03.001	1	
Ischio-anal fossa	***Fossa ischioanalis***	A09.5.04.001	10	Ischiorectal fossa (17), ischiorectal space (2)
Recto-uterine pouch	***Excavatio rectouterine***	A10.1.02.512	5	Pouch of Douglas (2)
Recto-uterine fold	***Plica rectouterine***	A10.1.02.511	1	
Superficial perineal pouch; superficial perineal	***Compartimentu m superficial perinei; spatium***	A09.5.02.001	1	

compartment; superficial perineal space	***superficiale perinei***			
Nerves/lymph				
Sacral nerve	***Nervi Sacrales;***	A14.2.06.001	11	Sacral roots (3), sacral segments (1)
Sacral splanchnic nerves	***Nervi splanchnici sacrales***	A14.3.01.036	3	
Sacral ganglia	***Ganglia sacralia***	A14.3.01.035		Sacral ventral trunk (1), sacral parasympathetic plexus (1)
Perineal nerve	***Nervi perineales***	A14.2.07.039	16	Accessory nerve to the perineal muscles (1)
Inferior anal nerves; inferior rectal nerve	***Nervi anales inferiories; nervi rectales inferiores***	A14.2.07.038	17	Anal branch of pudendal nerve (1), inferior hemorrhoidal nerve (1)
Dorsal nerve of the clitoris	***Nervi dorsalis clitoridis***	A14.2.07.042	16	Clitoral nerve (2), anterior nerve branch of the clitoris (2)
Coccygeal nerve	***Nervi coccygeus***	A14.2.07.043	2	
Coccygeal plexus	***Plexus coccygeus***	A14.2.07.044	2	
Deep inguinal lymph nodes	***Nodi inguinales profundi***	A13.05.007	2	
Ganglion impar	***Ganglion impar***	A14.3.01.037	1	
Genital branch of the genitofemoral nerve	***Nervi genitofemoralis genitalis***	A14.2.07.009	1	
Femoral branch of the genitofemoral nerve	***Nervi genitofemoralis femoralis***	A14.2.07.010	1	
Genitofemoral nerve	***Nervi genitofemoralis***	A14.2.07.008	4	
Hypogastric	***Nervi***	A14.3.03.047	5	

nerve	***hypogastricus***			
Iliohypogastric nerve; iliopubic nerve	***Nervi iliohypogastricus; nervi iliopubicus***	A14.2.07.003	2	
Ilio-inguinal nerve	***Nervi ilioinguinalis***	A14.2.07.006	5	
Inferior gluteal nerve	***Nervi gluteus inferior***	A14.2.07.032	8	Posterior gluteal nerve (1)
Inferior hypogastric plexus; pelvic plexus	***Plexus hypogastricus inferior; Plexus pelvicus***	A14.3.03.048	12	
Posterior labial nerves	***Nervi labiales posteriores***	A14.2.07.040	1	
Obturator nerve	***Nervi obturatorius***	A14.2.07.12	9	
Pelvic ganglia	***Ganglia pelvica***	A14.3.02.017	1	Pelvic autonomic plexus (1)
Pelvic splanchnic nerve; parasympathetic root	***Nervi splanchnici pelvici; radix parasympathica***	A14.3.02.18	8	
Perforating cutaneous nerve	***Nervi cutaneous perforans***	A14.2.07.036	1	
Perineal branch of the posterior cutaneous nerve of the thigh	***Nervi cutaneous femoris posterior perineales***	A14.2.07.035	1	
Sacral plexus	***Plexus sacralis***	A14.2.07.027	11	
Sciatic nerve	***Nervi ishiadicus***	A14.2.07.046	34	
Anococcygeal nerve	***Nervi anococcygeus***	A14.2.07.045	1	
Superficial inguinal lymph nodes	***Nodi inguinales superficiales***	A13.3.05.003	5	
Superior gluteal nerve	***Nervi gluteus superior***	A14.2.07.031	4	
Superior hypogastric plexus; presacral nerve	***Plexus hypogastricus superior; nervi presacralis***	A14.3.03.046	2	

External iliac lymph nodes	***Nodi iliaci externi***	A13.3.04.009	2	
Inferior gluteal lymph nodes	***Nodi gluteales inferiors***	A13.3.04.019	1	
Inguinal lymph nodes	***Nodi lymphoidei inguinales***	A13.3.05.002	7	Inguinofemoral lymph nodes (3)
Interiliac nodes	***Nodi interiliaci***	A13.3.04.016	4	

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539 Table 2. Proposed Terms

Regional Terms			
English	**Number of publications that used the term**	**Non-preferred Synonyms (# of publications that used this term)**	**Definition**
Anal sphincter complex	4		A descriptive term to include all portions of the external and internal anal sphincter musculature.
Anorectum	6		Area where the rectum fuses with the anal canal during embryological development.
Genital-crural fold	1	Groin crease, Genital-femoral fold	The indentation between the upper medial thigh and the lateral aspect of the labium majus.
Interlabial sulcus	1	Labial sulcus (1)	The groove where the medial aspect of the labium majus and lateral aspect of the labium minus intersect.
Posterior vaginal compartment	6		A region that includes the posterior vaginal wall from the perineal body epithelium distally to the recto-uterine peritoneal fold proximally. It extends dorsally to the anterior rectal and anal walls and laterally to where the lateral walls of the posterior vagina join the connective tissue that attach to the bony pelvis.

Sacrospinous-coccygeus complex	4		A descriptive term to include both the sacrospinous ligament and overlying coccygeus muscle.
Structural Terms			
Greater vestibular gland duct	2	Bartholin's gland duct (2)	A duct that supplies the greater vestibular gland.
Anal cushions	2	Endovascular cushions (1)	Mucosal vascular prominences formed by clusters of veins surrounding the anal canal.
Nerve to the levator ani	6		A nerve originating from sacral foramina (S3-5) that supplies the levator ani muscles.
Labial fat pad	1	Bulbocavernosus fat pad (1)	The fat that underlies the labium majus and is used during creation of the Martius labial interposition flap for pelvic surgery.
Spaces			
Deep postanal space	1		The space between the levator ani and the anococcyeal body. Anterior border is the deep external anal sphincter, superior border is the levator ani, and inferior border is the superficial anal sphincter as it inserts to the coccyx via the anococcygeal ligament. The space is contiguous with the ischioanal fossa.

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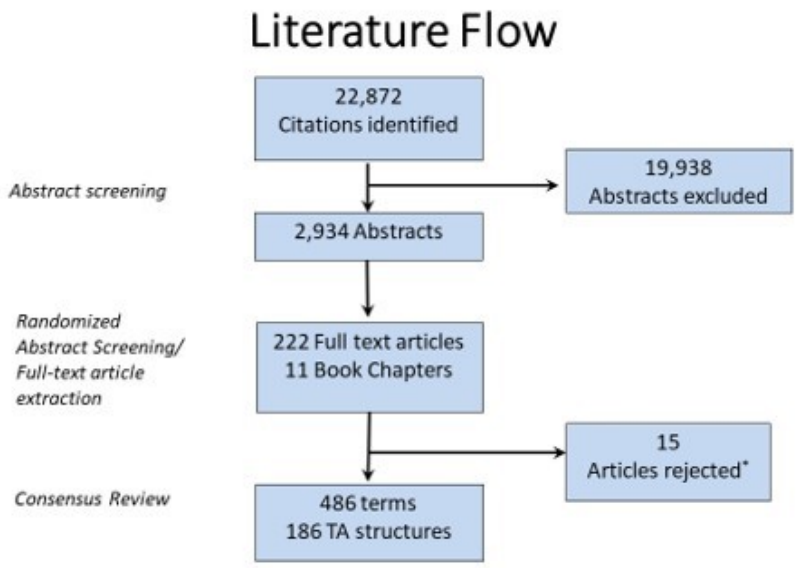
FIGURE LEGENDS

1. Literature Flow

2. Inferior view of female perineum and vulvar structures. Contents in superficial pouch of urogenital triangle and anal triangle are shown.

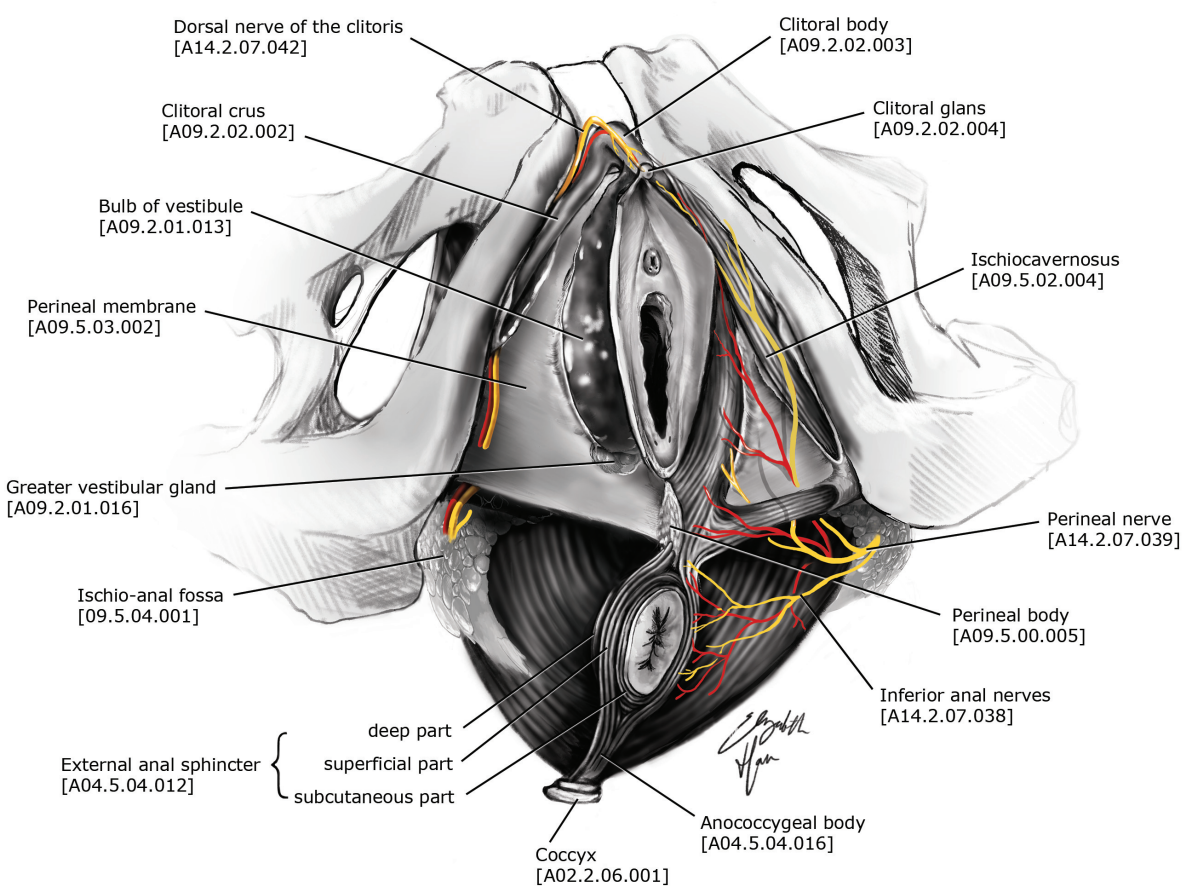
3. Sagittal view of female posterior pelvis. Superficial pouch of urogenital triangle with perineal muscles on left, removed on the right. Perineal membrane separates the superficial pouch of the urogenital triangle from the deep pouch.

Figure 1.



TA: *Terminologia Anatomica*

*Articles were rejected if they contained male anatomy, abnormal pathology, and/or lacked predefined anatomic terms


Dorsal nerve of the clitoris
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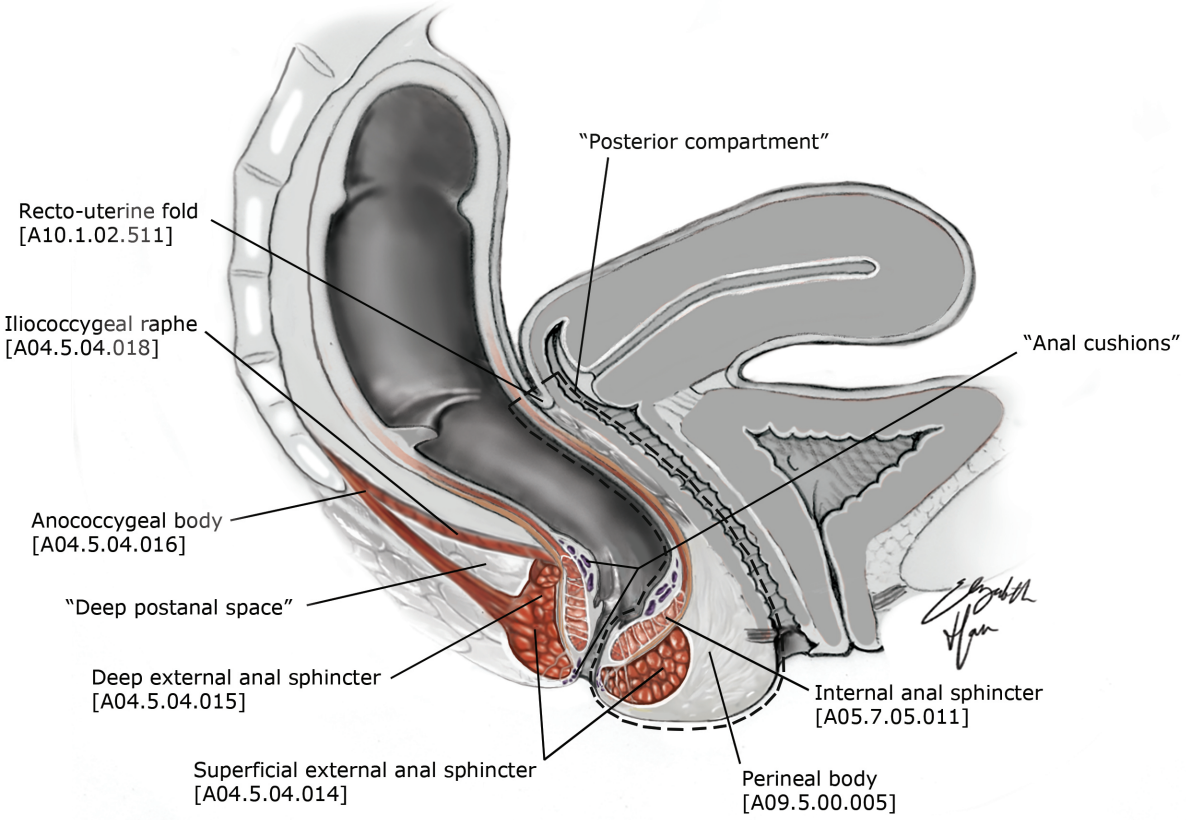
Clitoral body
[A09.2.02.003]
Clitoral crus
[A09.2.02.002]
Clitoral glans
[A09.2.02.004]
Bulb of vestibule
[A09.2.01.013]
Ischiocavernosus
[A09.5.02.004]
Perineal membrane
[A09.5.03.002]
Greater vestibular gland
[A09.2.01.016]
Perineal nerve
[A14.2.07.039]
Ischio-anal fossa
[09.5.04.001]
Perineal body
[A09.5.00.005]
Inferior anal nerves
[A14.2.07.038]
deep part
External anal sphincter
[A04.5.04.012]
superficial part
subcutaneous part
Anococcygeal body
[A04.5.04.016]
Coccyx
[A02.2.06.001]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Recto-uterine fold
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Iliococcygeal raphe
[A04.5.04.018]
"Anal cushions"
Anococcygeal body
[A04.5.04.016]
"Deep postanal space"
Deep external anal sphincter
[A04.5.04.015]
Internal anal sphincter
[A05.7.05.011]
Superficial external anal sphincter
[A04.5.04.014]
Perineal body
[A09.5.00.005]