



IX КОНГРЕС СРПСКОГ АНАТОМСКОГ ДРУШТВА СРБИЈЕ
са међународним учешћем
IX CONGRESS OF SERBIAN ANATOMICAL SOCIETY
with international participation

ЗБОРНИК САЖЕТАКА
ABSTRACT BOOK

Универзитет у Новом Саду, Медицински факултет
Нови Сад, 24-26. септембар 2026. године

University of Novi Sad, Faculty of Medicine
Novi Sad, September 24-26, 2026

THE MESORECTUM AND MESORECTAL FASCIA – A TOPOGRAPHIC-ANATOMICAL OVERVIEW

Kordoska J¹, Zafirova B¹, Zhivadinovkj J¹, Dodevski A¹, Matveeva N¹, Chadikovska E¹, Trpkovska B¹, Bojadgieva B¹, Paunkoska A¹, Pavlovski G²

¹Institute of anatomy, Faculty of Medicine, Ss Cyril and Methodius University in Skopje, Republic of North Macedonia

²Institute Forensic Medicine, Criminalistics and Medical Deontology, Faculty of Medicine, Ss Cyril and Methodius University in Skopje, North Macedonia

jovana.kordoska@medf.ukim.edu.mk

Introduction: The mesorectum is the fatty connective tissue that surrounds the distal rectum that contains the perirectal blood and lymphatic vessels, along with the regional lymph nodes. This tissue is wrapped in its own visceral covering, the mesorectal fascia, which forms a closed, continuous layer around the rectum. This fascia is separated from the parietal endopelvic fascia of the pelvic wall by a thin avascular space. The purpose of this overview is to analyze the topographic-anatomical features of the mesorectum and mesorectal fascia, as well as their relationship to nearby pelvic structures.

Discussion: The thickness of the mesorectal layer is not uniform along its entire length - it is most prominent posteriorly and posterolaterally, while considerably thinner anteriorly. In that region, the mesorectal fascia borders Denonvilliers' fascia in males and the rectovaginal septum in females. Toward the posterior aspect, the presacral space separates the mesorectum from Waldeyer's fascia and the sacrum itself. Fibers of the pelvic autonomic nerve plexus pass laterally, which is clinically significant during dissection in this region. Inside the mesorectum lie branches of the superior rectal artery, the corresponding venous vessels draining toward the inferior mesenteric vein, as well as a dense network of perirectal lymphatic vessels and lymph nodes - predominant in the posterior and lateral portions.

Conclusion: A solid understanding of the topographic anatomy of the mesorectum and the boundaries of its fascia is essential for understanding the spatial relationships within the pelvis, particularly during surgical procedures in this region.

Keywords: mesorectum; mesorectal fascia; topographic anatomy