Bölüm
32

PELVİK ORGAN PROLAPSUSU

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GİRİŞ

Pelvik organ prolapsusu (POP) pelvik organların vajinal duvarlara kadar yada vajenden dışarıya çıkması olarak tanımlanabilir. Bir çok kadın pelvik organların prolapsusu semptomlarını günlük aktiviteleri sırasında, cinsel ilişki esnasında veya egzersiz esnasında yaşayabilmektedir. POP kadınlarda cinsel yaşam ve vücut estetiği açısından çeşitli istenmeyen etkilere yol açmaktadır (1). Ayrıca POP tedavisi gelişmiş ülkelerde ciddi bir maddi kayıba yol açmaktadır. Amerika Birleşik Devletleri'nde 2005 ile 2006 yılları. Asarında POP tedavisine harcanan para yaklaşık 300 nilyon doları bulmaktadır (2,3). Toplumlarda yaşlı bireylerin sayısının artmasıyla birlikte prolapsus vakalarının prevalansı artmakta ve gittikçe daha yaygın görülmektedir (4).

TERMİNOLOJİ

- **Pelvik organ prolapsusu (POP**) – Pelvik organların vajinal duvar yada vajen dışına herniasyonu.
- **Anterior kompartman prolapsusu** – Vajen ön duvarı prolapsusu, sıklıkla beraberinde mesaneninde desensusu ile birliktedir. (sistosel) (Şekil 1)
- **Posterior kompartman prolapsusu** – Vajen arka duvarı prolapsusu, sıklıkla rektum desensusu ile birliktedir. (rektosel) (Şekil 1)
- **Enterosel** – Vajinal duvarla birlikte barsaklarında hernie olması.
- **Apikal kompartman prolapsusu (uterin prolapsus)** – Vajen apeksinin, alt ½ vajene, hymene kadar yada vajen intraoitusunun dışına kadar prolabe olmasıdır. Vajen apeksi ile birlikte serviks, uterus ve serviks birlikte prolabe olabilir.
- **Uterin prosidentia** – Tüm 3 kompartmanın vajina dışına çıkması durumudur.

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grupta semptomlarda belirgin iyileşme izlenmiş fakat sadece yaşam tarzı değişiklikleri uygulanan grupla belirgin bir istatistiksel fark gözlenmemiştir (95,96). Sonuç olarak semptomatik olan hastalarda PTE'leri belirgin iyileşme sağlamaktadır. Hastalara bu yönde bilgi vermek hastaların yaşam kalitesini belirgin arttıracaktır.

ÖSTROJEN TEDAVİSİ

Hala POP'un birincil tedavisinde sistemik yada lokal östrojen tedavisini destekleyen yeterli data bulunmamaktadır. Vajinal biyopsilerle yapılan bir çalışmada perioperatif topikal östrojen kullanımı matür kollajen oluşumunu arttırmakta ve vajinal duvar kalınlığını arttırmaktadır. Buda teorik olarak cerrahi tedaviye destekleyici tedavi olarak östrojen kullanımını desteklemektedir (97). Pelvik taban bozukluklarında lokal östrojen tedavisini konu alan bir sistematik review'de sadece 3 çalışmada lokal östrojen tedavisi destekleyici bulgular mevcut olup, bu çalışmalardada vajinal atrofi semptomları üzerinde daha belirgin bir etki gözlenmiştir (98). Başka bir meta-analizde raloksifen kullanımının POP tedavisinde cerrahiye gereksinimi azalttığı bulunmuştur, fakat bu çalışmadaki veriler raloksifenin rutin tedavide kullanımı için yetersizdir (59).

CERRAHİ TEDAVİ

Cerrahi seçenekler, konservatif ve ekspektan tedaviler işe yaramadığında yada yaramayacağı düşünülen hastalarda ilk seçenektir. Birçok farklı vajinal yada abdominal, graft materyalleri kullanılan yada kullanılmayan cerrahi prosedür bulunmaktadır. Cerrahinin başarısı, semptomların şiddetine, prolapsusun düzeyine, cerrahın deneyimine ve hastanın beklentisine göre değişmektedir. Genel olarak değerlendirildiğinde yapılan cerrahilerin %30'unda rekürrens gerçekleşmektedir (21,99). Bazı merkezlerin raporlarında prolapsuslu kadınlarda yaklaşık %50 oranında 2 veya daha fazla prolapsus cerrahisi gerekmektedir (100).

GEBELERDE PROLAPSUS

Bazen kadınlarda gebelikle beraber artan pelvik relaksasyon ile var olan ve asemptomatik olan prolapsus ortaya çıkabilir. Bu tip hastalar konservatif olarak tedavi edilmelidir. Bu tip durumlar oldukça nadir görülen durumlar olup amerikadaki insidans 10.000 yadad 15.000 de bir olarak gözükmektedir. Ancak daha yüksek doğum oranı olan ülkelerde bu durumun insidansı daha yüksektir. Eşlik eden gebeliği olan kadınlarda POP yönetimi, semptomatoloji ve klinik bulgulara dayanarak kişiselleştirilmelidir. Bu kadınlar pelvik taban egzersizleri veya pesser yönetimi ile konservatif olarak tedavi edilir (101,102).

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