

# Bölüm 61

## ANORMAL UTERİN KANAMA

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### GİRİŞ

Anormal uterin kanama, ACOG (The American College of Obstetricians and Gynecologists) tarafından normal kanama miktarı, kanama süresi, kanama düzeni veya sıklığı dışında kalan menstruel kanama olarak tanımlanmaktadır (1). Dolayısıyla anormal uterin kanamayı tanımlamak için normal menstruel siklusu tanımlamak gerekir. Normal bir menstruel siklusta, menstruel kanamanın ilk günü ile bir sonraki menstruel kanamanın ilk günü arasındaki süre 28gün  $\pm$  7gündür. Hipotalamik-pituitar-ovaryan (HPO) aksın uyumlu çalışması sonucu östrojen ve progesteron seviyelerindeki senkronize yükselme ve düşme ve buna endometriumun normal cevabı, menstruel siklusun belirleyici temelini oluşturur. Böylece endometrial epitel ve stromada düzenli büyüme ve ardından kontrollü dökülme olacaktır. Eğer menstruel kanama 21 günden daha kısa aralıklarla meydana geliyorsa **polimenore**, 35 günden daha uzun aralıklarla meydana geliyorsa **oligomenore** terimleri kullanılır. Ortalama menstruel kanama süresi 4-5 gün olmakla birlikte 3-7 gün arasındaki süreler normal kabul edilir. Normal menstruel siklusa sahip kadınların çok azında menstruel kanama 7 günden fazla sürer. Ortalama menstruel kanama miktarı 35mL olup endometrial doku eksudası nedeniyle toplam miktar bunun yaklaşık iki katıdır. Menstruel kanama miktarı parite ile artar, ancak eşlik eden herhangi bir jinekolojik hastalık olma-

ması durumunda yaşla birlikte değişmez. Menstruel kanamanın 80 mL'den fazla olması durumu ağır menstruel kanama olarak tanımlanır (2).

### TERMİNOLOJİ

**Menoraji:** Düzenli aralıklı, süresi uzamış kanama. Toplam kanama miktarı normalden fazladır.

**Metroraji:** Menstruel düzen dışında görülen ara kanamalardır. Kanama süresi uzamış olabilir veya olmayabilir. Toplam kanama miktarı ise normaldir.

**Menometroraji:** Düzensiz aralıklı ve uzun süreli kanamalardır. Toplam kanama miktarı normalden fazladır.

**Hipermenore:** Düzenli aralıklarla ve normal sürelerde, toplam kanama miktarı normalden fazla olan kanamalardır.

**Hipomenore:** Düzenli aralıklarla, kanama süresinin normal veya az olduğu, toplam kanama miktarının normalden az olduğu kanamalardır (<5mL).

### Akut, Kronik ve İntermenstruel Anormal Uterin Kanama

Kronik anormal uterin kanama son 6 aylık zaman diliminin çoğunda olan, anormal hacim, düzen ve/veya zamanlamada, uterus korpusundan olan ve klinisyenin görüşüne göre acil müdahale gerektirmeyen kanamalardır (3). Buna karşın akut

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ne ve barsak yaralanmasıdır. Post-ablasyon tubal sterilizasyon sendromu, önceden tubal sterilizasyon yapılmış hastalarda kavitenin global ablasyonu sonrası tuba uterinadaki gizli kanamanın tubal distasyona (hidrosalpinks) neden olmasına bağlı sıklık veya kronik pelvik ağrı ve hematometra ile seyreden bir durumdur (86). Histeroskopik yöntemlere özgü komplikasyonlar özellikle hipotonik solüsyonların kullanımına bağlı gelişen aşırı sıvı yüklemesi ve hiponatremidir (87).

Her iki grup endometrial ablasyon yöntemleri de birbirine benzer ve yüksek oranda hasta memnuniyetine sahiptir; aralarındaki fark uygulanan yöntemin riskleridir. Histeroskopik endometrial ablasyon yöntemlerinde aşırı sıvı yüklemesi, uterin perforasyon, servikal laserasyon ve hematometra gelişme riski non-histeroskopik yöntemlere göre daha yüksektir (88). Ayrıca non-histeroskopik yöntemler daha az işlem süresi gerektirir.

### Histerektomi

Anormal uterin kanamanın tedavisinde kesin çözüm sunan bu yöntemin hasta memnuniyet oranları da yüksektir. Ancak bu invaziv yöntemin olası komplikasyonlarından korunmak için, öncesinde hasta memnuniyet oranları yüksek olan daha az invaziv yöntemler düşünülmelidir.

### SONUÇ

Anormal uterin kanama şikayeti ile başvuran hastanın öncelikle kanamasının akut veya kronik olduğu belirlenmelidir. Sonrasında hastanın klinik durumuna göre hem altta yatan nedeni ortaya koyucu hem de tedavi edici yöntemler eş zamanlı olarak yürütülmelidir.

**Anahtar Kelimeler:** PALM-COEIN, Hormonal tedavi, Cerrahi tedavi.

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