

Bölüm 69

PELVİK KİTLELERE YAKLAŞIM

Ceren GÖLBAŞI¹

GİRİŞ

Pelvik kitle üreme organlarından ya da diğer pelvik yapılardan kaynaklanabilen sık rastlanan jinekolojik problemlerdendir. Tüm yaş gruplarında izlenebilmesi ve çeşitlilik göstermesi nedeniyle ayırıcı tanı önemlidir (Tablo 1). Pelvik kitlelere yaklaşımda temel olan acil olguları ve maligniteyi ayırt etmektir.

Prevalans

Pelvik kitleler intrauterin dönemden yaşlılık dönemine kadar tüm kadınlık çağında izlenebilir. Prevalans, çalışılan popülasyona ve kullanılan kriterlere bağlı olarak değişmektedir. 25 ila 40 yaşları arasındaki 335 asemptomatik kadında yapılan random örneklemede, ultrason muayenesinde adneksiyal lezyon prevalansı % 7.8, over kisti prevalansı ise % 6.6 olarak saptanmıştır (1). Yapılan

Tablo 1: Adnexial Kitlelerin Ayırıcı Tanısı

Jinekolojik Benign		Non-jinekolojik Benign	
Ovarian	Tubal	Ekstraovarian ve ekstratubal	
-Fonksiyonel kist (fizyolojik) -Korpus luteum kisti -Gebelik luteoması -Teka lutein kisti -Polikistik over -Endometrioma -Kistadenom -Benign ovarian germ hücreli tümör -Benign seks kord -stromal tumor	-Ektopik Gebelik -Hidrosalpinks	-Paraovaryan kist -Paratubal kist -Uterin leiomyom (pediküllü ya da servikal) -Tubo-ovarian abse	-Konstipasyon -Appendiks absesi -Divertiküler abse -Pelvik abse -Mesane divertikülü -Üretral divertikül -Pelvik böbrek -Periton kisti -Sinir kılıfı tümörü
Malign ya da Borderline			
-Epitelyal karsinom -Epitelyal borderline neoplasma -Malign ovaryan germ hücreli tumor -Malign seks kord -stromal tumor	-Epitelyal karsinom -Seröz Tubal İntraepitelyal Neoplazi	-Metastatik endometrial Karsinom	-Appendiks neoplazmı -Mesane neoplazmı -Metastaz (akciğer, kolon, lenfoma) -Retropéritoneal Sarkom

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SONUÇ

Pelvik kitlelerin yönetiminde acil olgular ve malign kitlelerin tanınmasına yönelik uygun yaklaşım öncelikli hedef olmalıdır. Hastanın muayene bulgularına ek olarak yardımcı görüntüleme yöntemleri ve laboratuvar bulguları ile yapılacak değerlendirme neticesinde birçok vaka kadın hastalıkları ve doğum uzmanı tarafından başarılı bir şekilde tanı alır; uygun takip ,medikal ve cerrahi tedavi ile yönetilir. Malignite düşünülen pelvik kitleli olgular ise cerrahi evreleme gerekebileceği için zaman kaybetmeden jinekolojik onkologlara refere edilmelidir.

Anahtar Kelimeler: Pelvik kitle, adneksiyal kitleler, ultrasonografi

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