

Bölüm 3

ENDOMETRİOZİS PATOLOJİSİ

Ramazan UÇAK⁴

Endometriozis, tanımı ve buna bağlı olarak kesin tanısı histolojik incelemeye dayanan, klinikte ağrı ve infertilite ile beraberliği sık olan, kronik iltihabi süreçtir. Oluşum mekanizmasını açıklayabilecek yeterli, tek bir patognomik özellik veya biyolojik düzenleyici parametre yoktur. Bulunduğu yere ve derinliğine göre, yüzeysel peritoneal endometriozis, ovaryan endometrioma ve derin infiltrate endometriozis olarak sınıflandırılır(1-4). İlk kez 1860 yılında patolog Rokitansky tarafından tanımlanmıştır (5). Endometrial stromal ve glandüler dokunun, uterus dışında yerleşimidir. Bazı olgularda, bu komponentlere eşlik eden veya bunlardan birinin yokluğunda özellikle hemosiderin yüklü makrofajlar başta olmak üzere ek histolojik değişkenler bulunabilmektedir (1,6,7). Anatomik olarak bulunmaması gereken yerde görülen-ektopik-endometrium dokusu olarak tanımlanabilir (8).

Bu yerlerin en başında pelvis içi bölge gelir. Pelvis içinde, en çok over, tuba, uterin ligaman, Douglas boşluğu, pelvik periton, rektovaginal septum, serviks uteri ve burada bulunan fıtık keselerinde görülmektedir (8,9). Pelvis dışında ise, barsaklar (özellikle kolon-rektosigmoid segment ve ileum), appendiks, daha az oranda, ciltte, abdominal histerektomiler veya sezaryen sonrası cerrahi skarlarda belirlenmektedir. Nadiren; vagina, perine-vulva, böbrek, mesane-üreter, lenf nodları, kas ve sinir dokusu, akciğer-plevra, perikard, karaciğer, diyafragma, santoral sinir sistemi gibi birçok lokalizasyonda görüldüğü bildirilmiştir (8-12) .

Özellikle kadın üreme çağı hastalığıdır. En sık 25-35 yaş grubu kadınların, %10-15'i gibi ciddi oranlarda görülebilmektedir (13). Ancak, postmenapozal (14,15) ve adölesan (16-19) dönem dahil herhangi bir yaşta oluşabilmektedir (1-4). Literatürde, nadiren, erkek hastalarında etkilendiği endometriozis olgularının bildirimi mevcuttur (20-22.)

⁴ Uzm. Dr. Ramazan UÇAK, Sağlık Bilimleri Üniversitesi, İstanbul Şişli Hamidiye Etfal Sağlık Uygulama ve Araştırma Merkezi, Patoloji Anabilim Dalı, drramazanucak@hotmail.com

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