Bölüm
13

AKUT MEKANİK İNTESTİNAL OBSTRÜKSİYON NEDENİ OLARAK ENDOMETRİOZİSİN İNCELENMESİ

Serkan AKBULUT[18]

Endometriozis, endometriyal dokunun uterin kavite dışında varlığı ile karakterize kronik jinekolojik bir hastalıktır. Üreme çağındaki kadınların %10-15'ini etkiler (1). Ancak varlığının doğrulanması için görüntülenme gerekliliği gibi tanısal güçlükler nedeniyle gerçek prevelansı daha yüksek olabilir (2). Genellikle pelvis içerisinde izlenmekle birlikte diğer organlarda da gözlenebilmektedir (3). En sık yerleşim yeri olan overleri, Douglas cul-de-sac ve uterosakral ligamanlar izler (4). Atipik non-jinekolojik yerleşim bölgeleri arasında gastrointestinal ve üriner sistem, abdominal duvar dokuları, deri, pulmoner sistem, lenfatik sistem, kas-iskelet sistemi ve santral sinir sistemi bildirilmiştir (5). Özellikle atipik yerleşim bölgeleri doğru tanı açısından güçlük yaratmaktadır (6). Bağırsak, en sık etkilenen ekstragenital lokalizasyondur (%3-12), %50-90'ı rektosigmoid bileşke olmak üzere ince bağırsak (%2-16), appendiks (%3-18) ve çekum (%2-5) da etkilenebilir (7). Farklı yerleşim bölgelerindeki farklı insidans oranlarının nedeni endometriozisin sıklıkla cerrahi sırasında insidental olarak saptanması olabilir (8). Bağırsak yerleşimli olgular siklik pelvik ağrı ve dismenore gibi klasik semptomlara ek olarak defekasyon, oturma ve özellikle menstruasyon sırasında şiddetlenen perineye yayılan rektal ağrı, konstipasyon, diyare, menstruasyona eşlik eden rektal kanama ve suboklüzyon semptomları ile prezente olurlar (9, 10). Bunlar, özellikle önceden bilinen endometriozis öyküsü olmayan hastalarda (5, 11) Crohn hastalığı, appendisit, tuboovaryan abse, intestinal obstrüksiyon ya da malignite gibi diğer patolojilerde izlenen semptomlarla benzer olabilir (5). Başlangıçta siklik seyir gösteren semptomlar, lezyonlar progrese oldukça sürekli hale gelebilir.

Endometriozisin kökeni ve patogenezi halen iyi anlaşılamamıştır (12). Bu konuda en sık kabul gören teori 'Sampson'ın Retrograd Menstrüasyon Teorisi'dir'. Buna göre menstrüasyon sırasında endometriyal doku fallop tüplerinden reflü ile

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FzioMed, San Luis Obispo, CA), sprey jel, fibrin yapıştırıcı, heparin ve noksitiyolin yer alır. Hakkında bir miktar bilimsel veri olan bazı bariyer ajanlar şunlardır; okside rejenere sellüloz (Interceed; Ethicon Gynecare, Somerville, NJ), genişletilmiş politetrafloroetilen (Gore-Tex; Gore Medical, Flagstaff, AZ), hiyalüronik asit / karboksimetilsellüloz (Seprafilm; Sanofi, Bridge-water, NJ), fibrinojen / trombin / aprotin / kollajen / riboflavin (fibrin tabaka) ve polilaktik asit film. Katı bariyerler söz konusu olduğunda 'Interceed' hakkında en tatminkar veri bulunan ajandır (91). Ayrıca 'Gore-Tex' de fayda sağlıyor gibi görünse de absorbe edilmez olması nedeniyle takiben ek bir girişimle çıkarılma gereksinimi kendisine olan ilgiyi sınırlamıştır. Likit bariyer ajanlar arasında çapraz bağlı hiyalüronik asit içeren solüsyonlar ve 'Sepracoat' faydalı görünmektedir. 'Intergel' de bu anlamda değerli bulunmuş olsa da ağrı ve alerjik reaksiyonlar gibi yan etkileri nedeniyle 2003 yılında piyasadan çekilmiştir (90).

Mevcut veriler ışığında adezyon formasyonunun sıklığı ve yaygınlığı solid veya likit bariyer ajanların kullanımıyla azaltılabilir ancak bunların hiçbiri adezyon oluşumunu tamamen ortadan kaldıramaz (26). Ancak bununla ilişkili olarak gebelik oranı ya da pelvik ağrıya faydasını değerlendiren herhangi bir çalışma bulunmamaktadır. Mevcut deliller, kontrol laparoskopisinde adezyon varlığına dayanmaktadır (90, 91).

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