Bölüm
17

ENDOMETRİOZİS VE DOĞUM

İrem ŞENYUVA[23]

GİRİŞ

Endometriozis; endometrial gland ve stromanın uterus dışında bulunması olarak tanımlanan kadınların yaklaşık %10'unu etkileyen, doğumda başlayabilen, multigenik bozukluklarla ilgili, östrojen bağımlı kronik jinekolojik bir hastalıktır (1,2). Etkilenen organlar arasında %50 over, %10 barsak, %1 üreter ve mesane görülür (3). Kadınların %40'ında infertilite ve pelvik ağrı ayrıca disparoni, üriner sistem ve barsaklar ile ilgili bulgular görülmektedir (1).

Endometriozis superfisyal -peritoneal, overyan ve derin infiltratif endometriozis (DİE) olmak üzere üç ana bölümde incelenir. Derin infiltratif endometriozis peritoneal yüzeyin altında 5mm'den fazla invazyon olarak tanımlanır, en çok rekto-uterin alanda ayrıca utero-sakral, posterior vajinal duvar, anterior rektal duvar ve ciddi vakalarda üreter lokalizasyonunda görülmektedir (4).

Tanıda gold standart laparoskopi 'dir (5). Tedavide cerrahi tedavinin dışında ovulasyonun inhibe edilmesi, estradiol seviyelerinin ve uterin kan akımının azaltılmasına yönelik oral-kontraseptif ve progesteronlar, GnRH (Gonadotropin Releasing Hormon) agonistleri, hormon reseptör modülatörleri, anti-östrojen, anti-aromataz, anti-anjiogenik ve immunmodülatör tedavileri gibi seçenekler bulunmaktadır (2).

Gebeliğin endometriozis üzerine tedavi edici ve ağrı şikayetlerini azaltıcı etkisi olduğu belirtilmekte birlikte günümüzde kötü gebelik sonuçları dolayısıyla sezeryan oranında artışa sebep olduğuna dair çalışmalar mevcuttur (1,6). Endometrioziste kötü gebelik sonuçlarına sebep olan faktörler; adezyon, kronik inflamasyon, desidualize endometriotik dokunun damar duvar ve yapılarına invaze olmasıyla oluşan doku rüptürüdür (7).

[23] Uzman Doktor, Uşak Eğitim ve Araştırma Hastanesi Kadın Doğum Kliniği, iremsenyuva@yahoo.com

sırasında olabilecek barsak, mesane, üreter yaralanmaları, fetal ekstraksiyon ile ilgili sorunlar ayrıca normal doğum sırasında oluşabilecek rektal ve perineal hasar hakkında bilgi verilmelidir. Tüm obstetrisyenler intra partum süreçte olabilecek komplikasyonları göz önünde bulundurmalı ve postpartum dönemde görülebilen anormal kanama, akut batın bulguları gibi durumlarda bu hastalık ile ilişkili gelişebilecek komplikasyonları akla getirmelidirler.

Endometriozis ve ART öyküsü olan hastalarda PP riski unutulmamalıdır. DİE ve PP tanılı hastalar kolorektal cerrahinin, üroloğun bulunduğu deneyimli bir ekip ve kan bankasının bulunduğu üçüncü basamak bir merkezde opere edilmelidir.

KAYNAKLAR

1. Zullo F, Spagnolo E, Saccone G, et al. Endometriosis and obstetrics complications: a systematic review and meta-analysis. Fertil Steril. 2017 Oct;108(4):667-672
2. Rolla E. Endometriosis: advances and controversies in classification, pathogenesis, diagnosis, and treatment.F1000Res. 2019 Apr 23;8. pii: F1000 Faculty Rev-529
3. Vigano P, Corti L, Berlanda N. Beyond infertility: obstetrical and postpartum complications associated with endometriosis and adenomyozis. Fertil Steril. 2015 Oct;104(4):802-812
4. Nirgianakis K, Gasparri ML, Radan AP, et al. Obstetric complications after laparoscopic excision of posterior deep infiltrating endometriosis: a case-control study. Fertil Steril. 2018 Aug;110(3):459-466
5. Bulletti C, Montini A, Setti PL, et al. Vaginal parturition decreases recurrence of endometriosis. Fertil Steril. 2010 Aug;94(3):850-5
6. Exacoustas C, Lauriola I, Lazzeri L, et al. Complications during pregnancy and delivery in women with untreated rectovaginal deep infiltrating endometriosis. Fertil Steril. 2016 Oct;106(5):1129-1135
7. Shmueli A, Salman L, Hiersch L, et al. Obstetrical and neonatal outcomes of pregnancies complicated by endometriosis. J Matern Fetal Neonatal Med. 2019 Mar;32(5):845-850
8. Dunselman G.A, Vermeulen N, Becker C, et al. European Society of Human Reproduction and Embryology. ESHRE guideline: management of women with endometriosis. Hum Reprod. 2014 Mar;29(3):400-12
9. Kuznetsov L, Dworzynski K, Davies M, et al. Guideline Committee. Diagnosis and management of endometriosis: summary of NICE guidance. BMJ. 2017 Sep 6;358: j3935.
10. ACOG Committee on Practice Bulletins--Gynecology. ACOG practice bulletin. Medical management of endometriosis. Number 11, December 1999 (replaces Technical Bulletin Number 184, September 1993). Clinical management guidelines for obstetrician-gynecologists.Int J Gynaecol Obstet. 2000 Nov;71(2):183-96.
11. 11-Johnson NP, Hummelshoj L; World Endometriosis Society Montpellier Consortium Consensus on current management of endometriosis. Hum Reprod. 2013 Jun;28(6):1552-68. 12-
12. Ulrich U, Buchweitz O, Greb R, et al. Interdisciplinary S2k Guidelines for the Diagnosis and Treatment of Endometriosis: Short Version- AWMF Registry No. 015-045, August 2013.Geburtshilfe Frauenheilkd. 2013 Sep;73(9):890-898.
13. Glavind MT, Forman A, Arendt LH, et al. Endometriosis and pregnancy complications: a Danish cohort study. Fertil Steril. 2017 Jan;107(1):160-166

14. Qin J, Sheng X, Wu D, et al. Adverse Obstetric Outcomes Associated With In Vitro Fertilization in Singleton Pregnancies. Reprod Sci. 2017 Apr;24(4):595-608
15. Lin H, Leng JH, Liu JT, et al. Obstetric outcomes in Chinese women with endometriosis: a etrospective cohort study. Chin Med J (Engl). 2015 Feb 20;128(4):455-8
16. Stern JE, Luke B, Tobias M, et al. Adverse pregnancy and birth outcomes associated with underlying diagnosis with and without assisted reproductive technology treatment. Fertil Steril. 2015 Jun;103(6):1438-45
17. Stephansson O, Kieler H, Granath F, et al. Endometriosis, assisted reproduction technology, and risk of adverse pregnancy outcome. Hum Reprod. 2009 Sep;24(9):2341-7
18. Quinn MJ. Endometriosis: the consequences of uterine denervation- reinnervation. Arch Gynecol Obstet. 2011 Dec;284(6):1423-9
19. Krantz KE. Innervation of the human uterus. Ann N Y Acad Sci. 1959 Jan 9; 75:770-84
20. Allerstorfer C, Oppelt P, Enzelsberger SH, et al. Delivery after Operation for Deeply Infiltrating Endometriosis. Biomed Res Int. 2016; 2016:8271452
21. Bulletti C, Flamigni C, Polli V, et al. The efficacy of drugs in the management of endometriosis. J Am Assoc Gynecol Laparosc. 1996 Aug;3(4):495-501
22. Snyder BM, Beets JW, Lessey BA, et al. Postmenopausal Deep Infiltrating Endometriosis of the Colon: Rare Location and Novel Medical Therapy. Case Rep Gastrointest Med. 2018 Feb 14; 2018:9587536
23. Brichant G, Nervo P, Albert A, et al. Heterogeneity of estrogen receptor α and progesterone receptor distribution in lesions of deep infiltrating endometriosis of untreated women or during exposure to various hormonal treatments. Gynecol Endocrinol. 2018 Aug;34(8):651-655.
24. Gordts S, Koninckx P, Brosens I. Pathogenesis of deep endometriosis. Fertil Steril. 2017 Dec;108(6):872-885
25. Johnson NP, Hummelshoj L, Adamson GD, et al. World Endometriosis Society Sao Paulo Consortium. World Endometriosis Society consensus on the classification of endometriosis. Hum Reprod. 2017 Feb;32(2):315-324
26. Thomin A, Belghiti J, David C, et al. Maternal and neonatal outcomes in women with colorectal endometriosis. BJOG. 2018 May;125(6):711-718.
27. Albareda J, Albi MV, Sosa G, et al. Puerperal ileal perforation secondary to endometriosis: Case report and literature review. Taiwan J Obstet Gynecol. 2016 Feb;55(1):121-4
28. Chattot C, Aristizabal P, Bendifallah S, et al. Uteroabdominal Wall Fistula After Cesarean Section in a Patient With Prior Colorectal Resection for Endometriosis: A Case Report and Systematic Review. J Minim Invasive Gynecol. 2017 Nov- Dec;24(7):1234-1238.
29. Menzlova E, Zahumensky J, Gürlich R, et al. Rectal injury following delivery as a possible consequences of endometriosis of the rectovaginal septum. Int J Gynaecol Obstet. 2014 Jan;124(1):85-6.
30. Klugsberger B, Shamiyeh A, Oppelt P, et al. Clinical Outcome after Colonic Resection in Women with Endometriosis. Biomed Res Int. 2015; 2015:514383.
31. Remzi FH, Gorgun E, Bast J, et al. Vaginal delivery after ileal pouch-anal anastomosis: a word of caution. Dis Colon Rectum. 2005 Sep;48(9):1691-9.
32. Sharon M. O'Leary. Ectopic Decidualization Causing Massive Post partum Intra peritoneal Haemorrhage. Obstet Gynecol 2006; 108:776-9.
33. Hashimoto K, Tabata C, Ueno Y, et al. Spontaneous rupture of uterine surface varicose veins in pregnancy: a case report. J Reprod Med. 2006 Sep;51(9):722-4.
34. Ginsburg KA, Valdes C, Schnider G. Spontaneous utero-ovarian vessel rupture during pregnancy: three case reports and a review of the literature. Obstet Gynecol. 1987 Mar;69(3 Pt 2):474-6
35. Brosens IA, Fusi L, Brosens JJ. Endometriosis is a risk factor for spontaneous hemoperitoneum during pregnancy. Fertil Steril. 2009 Oct;92(4):1243-5

36. Rizzello F, Coccia ME. Direct shedding of endometrioma contents through the follicle rupture: Insight on the pathogenesis of endometriosis. Eur J Obstet Gynecol Reprod Biol. 2018 Apr; 223:144-145.
37. Brill HM, Kaplan S, Rapoport L. Intra partum rupture of bilateral ovarian endometrial cysts; case report. Am J Obstet Gynecol. 1957 Jan;73(1):200-1.
38. Reif P, Schöll W, Klaritsch P, et al. Rupture of endometriotic ovarian cyst causes acute hemoperitoneum in twin pregnancy. Fertil Steril. 2011 May;95(6): 2125.e1-3
39. Majumdar S, Prasad M, Fraser D, et al. Endometriosis of the appendix presenting as acute abdomen following emergency caesarean section. J Obstet Gynaecol. 2006 Oct;26(7):692-3.
40. Tong YL, Chen Y, Zhu SY. Ileocecal endometriosis and a diagnosis dilemma: a case report and literature review. World J Gastroenterol. 2013 Jun 21;19(23):3707-10.
41. Seyhan A, Ata B, Sidal B, et al. Medical treatment of uterocutaneous fistula with gonadotropin-releasing hormone agonist administration. Obstet Gynecol. 2008 Feb;111(2 Pt 2):526-8
42. Thubert T, Denoiseux C, Faivre E, et al. X. Combined conservative surgical and medical treatment of a uterocutaneous fistula. J Minim Invasive Gynecol. 2012 Mar-Apr;19(2):244-7.
43. Wada S, Yoshiyuki F, Fujino T, et al. Uterine vein rupture at delivery as a delayed consequences of laparoscopic surgery for endometriosis: a case report. J Minim Invasive Gynecol. 2009 Jul-Aug;16(4):510-2. doi: 10.1016/j.jmig.2009.05.001.
44. Van De Putte I, Campo R, et al. Uterine rupture following laparoscopic resection of rectovaginal endometriosis: a new risk factor? Br J Obstet Gynaecol. 1999 Jun;106(6):608-9.
45. Granese R. Acute abdomen in pregnancy with endometriosis. Acta Obstet Gynecol Scand. 2010 Jun;89(6):844-5
46. Chen ZH, Chen M, Tsai HD, et al. Intra partum Taiwan J Obstet Gynecol. 2011 Mar;50(1):95-7.
47. Sholapurkar SL, Sharp NC, Hirschowitz L. Life-threatening uterine haemorrhage six weeks after Caesarean section due to uterine scar endometriosis: case report and review of literature. Aust N Z J Obstet Gynaecol. 2005 Jun;45(3):256-8
48. Vercellini P, Frattaruolo MP, Barbara G, et al. The ominous association between severe endometriosis, in vitro fertilisation, and placenta previa: raising awareness, limiting risks, informing women. BJOG. 2018 Jan;125(1):12-15
49. Chen I, Lalani S, Xie RH, et al. Association between surgically diagnosed endometriosis and adverse pregnancy outcomes. Fertil Steril. 2018 Jan;109(1):142-147.
50. Gasparri ML, Nirgianakis K, Taghavi K, et al. Placenta previa and placental abruption after assisted reproductive technology in patients with endometriosis: a systematic review and meta-analysis. Arch Gynecol Obstet. 2018 Jul;298(1):27-34
51. Fujii T, Wada-Hiraike O, Nagamatsu T, et al. Assisted reproductive technology pregnancy complications are significantly associated with endometriosis severity before conception: a retrospective cohort study. Reprod Biol Endocrinol. 2016 Nov 3;14(1):73.
52. Rombauts L, Motteram C, Berkowitz E, et al. Risk of placenta previa is linked to endometrial thickness in a retrospective cohort study of 4537 singleton assisted reproduction technology births. Hum Reprod. 2014 Dec;29(12):2787-93