

Bölüm 22

ENDOMETRİOZİS VE KOLOREKTAL CERRAHİ

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GİRİŞ

Eksternal endometriozis en sık pelvik boşlukta görülmekle birlikte nadiren ekstrapelvik organları da tutabilir. Pelvik boşlukta en iyi bilinen endometriozis çeşitleri peritoneal endometriozis, ovaryan endometriozis ve rektovajinal septum endometriozisidir. İntestinal tutulum sıklıkla rektosigmoid bölgededir. Yapılan bir çalışmada intestinal derin infiltratif endometriozis saptanan olguların %65,7'si rektum ve rektosigmoid kolon yerleşimli idi. %17,4 sigmoid kolonda, %6,4 apendikste, %4,7 ince barsaklarda, %4,1 çekum ve ileoçekal bölgede görüldüğü bildirilmiştir (1).

Rektovajinal endometrioziste kaynak sıklıkla serviksin posterioru olup rektumun anterior duvarı sekonder olarak infiltre edilir. Rektovajinal endometriozisin medikal tedavisi semptomları azaltsa da hastalıkta kür sağlamayıp sıklıkla düzensiz kanama, kilo alımı, libido azalması ve başağrısı gibi yan etkilere neden olmaktadır (2-4).

Bu bölümde endometriozis nedeniyle gerçekleştirilen kolon ve rektumu ilgilendiren cerrahi yöntemler tartışılacaktır. Uygulanacak olan cerrahi teknik lezyonun yerine, büyüklüğüne, infiltrasyon derinliğine bağlı olarak değişebilmekte ve açık, laparoskopik, robotik, transanal ve transvajinal yöntemler kullanılabilir. Bu tekniklerden herhangi biri tercih edilirken hastanın ilerleyen zamanlarda gebelik isteğinin olup olmaması da göz önünde bulundurulmalıdır.

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