

Bölüm 25

ATİPİK LOKALİZASYONLU, DERİN İNFİLTRATİF ENDOMETRİOZİS VAKALARI

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GİRİŞ

Endometriozis endometrial gland ve/veya stromanın uterus iç yüzeyi dışında yerleşmesiyle oluşan, benign multifaktöryel bir hastalıktır. Genellikle üreme çağındaki kadınları etkilediği gibi postmenopozal kadınlarda da izlenebilir. Literatürde erkeklerde izlenen nadir endometriozis vakaları bildirilmiştir (1). Vücudun herhangi bir bölgesinde görülebilir. Endometrial kavite dışında yaygın olarak başta overler olmak üzere pelvik bölgede izlenmekle birlikte gastrointestinal sistem, üriner sistem, yumuşak doku, toraks, lenf nodu, abdominal cerrahi skarı, deri gibi ekstrapelvik, atipik lokalizasyonlarda da izlenebilir. Çok nadir olarak, nazal kavite, beyin, göz ve meme gibi hiç beklenmeyen lokalizasyonlarda da karşımıza çıkabilir (2, 3). Ekstrapelvik endometriozis prevalansı % 8.9 oranında bildirilmiştir (2). En sık izlendiği lokalizasyon; %32.3 ile gastrointestinal sistem olup bunu %5.9 ile üriner trakt izlemektedir (2).

Endometriozis etyopatogenezine ilişkin, metastatik ve metaplastik ana başlıklarında toplayacağımız çeşitli teoriler ileri sürülmüştür. Metastatik yolla oluşum; menstrüel implantasyon, intraoperatif implantasyon ve vasküler-lenfatik yayılım şeklinde sıralanabilir. Menstrüel implantasyon, üreme çağı boyunca endometrial hücrelerin fallopian tüplerden retrograd menstrüasyon ile pelvis içine dökülmesi ve yerleşmesine dayanan bir teoridir. İntraoperatif implantasyon, uterusu içeren

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