

Bölüm 26

ENDOMETRİYOZİS VE DİYET

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EPİDEMİYOLOJİ

Endometriozis endometriyuma benzer dokuların uterin kavitenin dışında bulunması şeklinde tanımlanır ve kronik, inflamatuvar reaksiyonları tetikler (1). Sebepleri karmaşık ve multifaktöriyeldir. Kesin prevalansı bilinmemekle birlikte üreme çağındaki kadınlarda %2-10 (2) ve infertil kadınlarda ise %50'lere varan yüksek oranda (3) görüldüğü tahmin edilmektedir. Dünya genelinde prevalansı ise %5.7 ila %26.6 arasında değişmektedir (4). Prevalansı diyagnostik zorluğu sebebiyle olduğundan daha düşük olarak bulunmaktadır (5). Geniş bir kohort çalışmasında 34-40 yaş aralığında endometriyozis prevalansı %3.7 olarak bulunmuştur (6). Artan sezaryen oranları ile birlikte karın ön duvarı veya sezaryen skar endometriyozisi gibi atipik yerleşimler artmıştır (7,8).

ENDOMETRİYOZİSİN GÜNLÜK YAŞAMA ETKİLERİ

Endometriyozis ile ilişkili kronik pelvik ağrı (KPA) geniş bir yelpazede ağrı semptomlarına sebep olabilir. Bunlar arasında dismenore, dispareni, diskezi ve disüri sayılabilir. Ağrı semptomlarının primer etkisinin yanında endometriyozis yaşam kalitesini düşürür ve kişinin okul veya çalışma hayatına yeteri kadar katılmamasına sebep olmaktadır (9).

Reprodüktif ve antropometrik faktörler endometriyozis riski ile ilişkilidir ancak teşhise erişimi etkileyen faktörler yanlışlıkla risk faktörü olarak görülebilmektedir. Endometriyozisli kadınlar yaşamın ilerleyen dönemlerinde bir çok kronik hastalıklar açısından risk altındadırlar (5).

Ulusal Sağlık ve Bakım Mükemmeliyet Enstitüsü (The National Institute for Health and Care Excellence) (NICE) tarafından klinisyenlere endometriozisin

İnfertilitede endometriyozis kaynaklı inflamatuvar habitatın endometriyal reseptivite ve embriyo implantasyonunu olumsuz yönde etkilediği bilinse de; endometriyozisin inflamatuvar bir duruma mı yol açtığı veya kronik inflamasyonun endometriyozis gelişimine mi zemin hazırladığı halen netlik kazanmış değildir.

Endometriyozis ve diyet arasındaki ilişkiyi sorgulayan bilimsel çalışmaların çoğu hayvan modellerinde yapılmış olup, insan çalışmaları daha çok öz-uygulama içeren anketler kullanılarak yapıldığından yüksek değişkenlik göstermektedir ve dolayısıyla yüksek bias içermektedir.

Sistemik/lokal immün disfonksiyonun ve/veya inflamatuvar durumun düzeltilmesinde diyetin rolü halen net değildir. Endometriyozisli kadınlarda tamamlayıcı ve alternatif tedavilerin ele alındığı ESHRE kılavuzunda (1) diyetel takviyelerin ağrı yönetiminde etkinliğinin kanıtlanmadığı, potansiyel yarar ve/veya zararların kesinlik kazanmadığı belirtilmiştir ve dolayısıyla sistematik kullanımını önermemektedir.

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