

## Bölüm 28

# ENDOMETRİOZİSİ ÖNLEMEK MÜMKÜN MÜ?

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### GİRİŞ

Endometriozis, endometrial gland ve stromanın uterus dışında oluşması olarak tanımlanır. Lezyonlar tipik olarak pelvis içinde bulunur; ancak bağırsak, diyafram ve plevral boşluk dahil olmak üzere birçok bölgede ortaya çıkabilir. Endometriozis yaygın ve malign olmayan bir hastalık olmasına rağmen; ektopik endometrial doku ve dirençli inflamasyon, dismenore, disparoni, kronik ağrı ve infertiliteye sebep olabilir. Semptomlar hafif ve ciddi derece arasında değişebilir. Endometriozis premenarş, reproduktif ve postmenopozal dönemde kadınları etkileyen östrojen bağımlı, benign ve inflamatuvar bir hastalıktır.

Progesterinler, androjenler, gonadotropin salgılayan hormon (GnRH) agonistleri ve aromataz inhibitörleri gibi en etkili tıbbi tedaviler, östrojenlerin sistemik seviyelerini azaltmaya odaklanır. Maalesef, bu tedaviler istenmeyen yan etkilerle ilişkilidir ve tam olarak etkili değildir ve hastalık nüksü sıktır (1). Primer önlenmesindeki amaç ise; sağlıklı ve asemptomatik kadınların endometriozis gelişiminden korunmasını sağlamaktır. Endometriozisin patofizyolojisi hala tam netlik kazanmadığından hastalığın engellenmesi için öncelikle endometriozis risk faktörlerinin belirlenmesi ve kategorize edilmesi gerekir.

### RİSK FAKTÖRLERİ

Endometriozis riskinde artışla ilişkili faktörler: nulliparite (2-4), endojen östrojene uzun süre maruz kalma (erken menarş veya geç menopoza) (5-7), kısa menstrüel siklus ( $\leq 27$  gün) ve ağır menstrüel kanama (2), menstrüel kan akışının obstrük-

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