

Bölüm 5

ANORMAL UTERİN KANAMA

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Anormal uterin kanama, menstrüel kanamanın sıklık, süre ve miktarındaki anormalliği tanımlamakta ve jinekoloji polikliniğine başvuru şikayetleri arasında önemli yer kaplamaktadır (Malcolm G. Munro, Critchley & Fraser 2011) (The American College of Obstetricians and Gynecologists 2012). Yapılan çalışmalarda gösterilmiştir ki anormal uterin kanama prevalansı farklı toplumlarda değişiklik gösterse de ortalama olarak reproduktif yaştaki kadınların %10 ile %30'nu etkilemektedir (Z. & ark. 2007),(Kazemijalish & ark. 2017).

Menstruel kanamanın hacmi uterin kontraksiyon, vasküler tonus ve hemostatik fonksiyonlardan etkilenmektedir. Normal menstruel kanama her sıklusta 24 ile 38 gün arası sıklıkta, 4 ile 8 gün arasında bir süre ile ve hacim olarak 5 ile 80 ml arasında kanama şeklinde değişebilir (Fraser & ark. 2007). Adet görme deneyimi her kadın için farklılık gösterebilmektedir. Bu yüzden anormal uterin kanamanın tarifini yapmak ve nelerden oluştuğunu belirlemek hem hastalar için hem de klinisyenler için zordur ve bu bir subjektif değerlendirmedir. Yapılan çalışmalarda ağır menstruel kanama her sıklusta 80 ml'nin üzerinde kanama olarak belirlenmiştir (Warner & ark. 2004b) ve her sıklusta bu düzeyde kan kaybı demir eksikliği anemisi riskini artırmaktadır (Hallberg & ark. 1967).

İsimlendirme konusundaki karışıklık ve tutarsızlık nedeniyle, çeşitli etiyolojik kriterlerde araştırma ve sınıflandırma yöntemlerinin bulunmaması AUK'nın araştırma ve yönetimini uzun süre engellemiştir (Sun & ark. 2018). Uluslararası Kadın Hastalıkları ve Doğum Federasyonu (FIGO), 2007 yılında normal ve anormal uterin kanaması terimleri ve tanımları konusunda fikir birliği yaptı (Sun & ark. 2018) ve 2011 yılında AUK'nın yeni tanımlamasını yaptı (Sun & ark. 2018). Artık günümüzde AUK nedenlerini sınıflandırmak için yaygın olarak PALM-COEİN kısaltması kullanılmaktadır.

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