Bölüm 16

UTERİN ADENOMİYOZİS

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GİRİŞ

Uterin adenomiyozis; sıklıkla anormal uterin kanama (AUK), dismenore ve uterusda büyüme semptomları ile kendini gösteren, uterus kas tabakası içerisinde endometriyal bezlerin ve stromanın bulunması halidir.

HİSTOPATOLOJİ

Makroskopik incelemede, diffüz olarak büyümüş, düzgün yüzeyli ve konturları olağan olan uterusun, kesitlerde kalınlaşmış miyometriyum içerisinde, endometriyal kanamalardan kaynaklanan çikolata renkli alanlar veya küçük hemorajik alanlar içerir. Adenomiyotik alanlar çoğu zaman diffüz yayılım paterni izlerken, bazen de sınırlı bir alana hapsolmuş olabilir. Bu durumda bu alanlar adenomiyoma olarak isimlendirilir. Kistik adenomiyozis ise bir patoloji inceleme isimlendirmesi değil, görüntüleme yöntemleri ile miyometriyum içerisinde 1 cm'den daha büyük kistik alan olarak kendi gösterdiği zaman kullanılan bir terimdir (Troiano, Flynn, and McCarthy 1998).

PATOGENEZ

Adenomiyozis patogenezi hakkında fikir birliği yoktur. Endometriyum invajinasyonu ve de novo mülleryan artıklardan kaynaklandığını savunan iki ana teori vardır (Ferenczy 1998). Hayvan modeli ve moleküler çalışmalar invajinasyon teorisini desteklemektedir (Zou et al. 2017; Mori, Singtripop, and Kawashima 1991). Ötopik endometriyum tabakası bulunmayan bir Rokitansky-Kuster-Hauser sendromlu hastada adenomiyozis tespit edilmesi, metaplastik proseslerin de mümkün olabileceğini göstermiştir (Enatsu et al. 2000).

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Oral dienogest, GnRH analogları ve aromataz inhibitörleri de diğer hormonal tedavi yöntemleridir.

Uterus Koruyucu Prosedürler

Özellikle doğum planlayan hastalarda tercih edilebilir. Muhakkak hasta rezeksiyon sonrası gebeliklerde artan uterin rüptür riski hakkında bilgilendirilmelidir. Uterin rüptür riski miyomektomi ve klasik sezaryen insizyonundan daha yüksektir (Tan et al. 2018).

Uterin Arter Embolizasyonu

Uterin arter embolizasyonu (UAE), özellikle eşlik eden leiomiyom varlığında veya LNG-RİA kullanımı ve cerrahi tedavi için kontrendikasyonu olan hastalarda tercih edilebilecek bir tedavi yöntemidir. Semptomlarda tatmin edici bir rahatlama için ek tedavi ihtiyacı olabileceği konusunda hasta bilgilendirilmelidir. Yapılan bir çalışmada daha önce UAE ile tedavi edilmiş hastaların histerektomi spesmenlerinde halen aktif, canlı adenomiyotik alanların varlığı gösterilmiştir (Pelage et al. 2005).

Diğer Tedaviler

Endomiyometriyal ablasyon veya rezeksiyon, laparoskopik miyometriyal elektrokoagulasyon, adenomiyozis eksizyonu gibi konservatif tedavi yöntemleri bazı hastalarda faydalı olabilir.

Transservikal veya laparoskopik radyofrekans ablasyonun faydalı olduğunu gösteren raporlar mevcuttur ama daha çok vakanın ve daha uzun süreli takipleri içeren randomize kontrollü çalışmalara ihtiyaç vardır (Hai et al. 2017), (Scarperi et al. 2015).

Yapılan bir gözlemsel çalışmada; tek başına konservatif cerrahiye göre GnRH tedavisinin eklenmesinin başarı şansını artırdığını göstermektedir (Wang et al. 2009).

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