Bölüm
40

ENDOMETRİOZİS

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GİRİŞ

Endometriozis, endometrial bez ve stromanın uterin kavite dışında ektopik yerleşmesidir. Endometriozisin literatürde ilk kez 1860 yılında Rokitansky tarafından tarif edildiğine inanılır (1). Endometriozis, daha çok reprodüktif dönemde kadınları etkileyen ancak premenarşial ve postmenopozal dönemde de görülebilen, estrojen bağımlı, iyi huylu, enflamatuar bir hastalıktır (2).

Lezyonlar genellikle üreme organlarının peritoneal yüzeylerinde ve komşu pelvik yapılarda bulunur. Pelvis içerisinde en sık overler, tuba uterinalar, anterior ve posterior cul-de-sac ve ligamentlere yerleşir. Ancak barsaklar, perianal bölge, mesane, vajina, serviks, diyafram, plevra, batın duvarı, akciğerler, karaciğer, safra kesesi, böbrekler, dalak, umblikus, cilt, meninksler, meme, göz, omurga, extremiteler hatta insizyon skarları dahil olmak üzere birçok bölgede ortaya çıkabilir (3-7).

Mikroskobik boyutta lezyonlar görülebileceği gibi; ciddi adezyonlara ve fonksiyon kaybına neden olabilecek geniş invaziv lezyonlar da görülebilir. Aynı şekilde semptomlar da geniş bir dağılıma sahiptir. Ektopik endometrial dokuya eşlik eden inflamasyon, fibrozis ve adezyonlar semptomlara neden olur. En tipik semptomlar dismenore, disparoni, kronik pelvik ağrı, disüri ve infertilitedir. Endometriozisli kadınlar tamamen asemptomatik olabileceği gibi kronik pelvik ağrı, infertilite gibi semptomlar nedeniyle hayat kalitelerinde ciddi bir düşüş yaşayabilirler.

Endometriozis, hastaların % 50'den fazlasında uzun süreli tedavi gerektirdiğinden ve cerrahi/medikal tedavi sonrası % 50-80'lik yüksek nüks oranları nedeniyle ciddi bir ekonomik yüke neden olur (8).

Endometriozis üreme çağındaki kadınlarda en sık görülen benign jinekolojik hastalıklardan birisidir. Kesin tanısı için cerrahi gerektiğinden prevalansı net biline-

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