BÖLÜM
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KRONİK PELVİK AĞRI TANI VE TEDAVİ

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Giriş

Kronik pelvik ağrı, yaygın, zor ve maliyetli bir durumdur. Kronik pelvik ağrının tanımı ile ilgili görüş birliği eksikliği, bunun yaygınlığını ve tedavi alternatiflerinin başarısını tanımlamayı engellemiştir (1). Amerikan Kadın Hastalıkları ve Doğum Uzmanları Cemiyeti (ACOG), kronik pelvik ağrıyı "pelvik yapılardan / organlardan kaynaklandığı algılanan, 6 aydan uzun süren ağrı semptomları olarak tanımlamaktadır. Genellikle olumsuz bilişsel, davranışsal, cinsel ve duygusal sonuçları olmakla birlikte; alt üriner sistem, cinsel, gastrointestinal, pelvik taban, miyofasiyal veya jinekolojik işlev bozukluğunu düşündüren, semptomlarla da ilişkilidir" (2). Siklik pelvik ağrı, önemli bilişsel, davranışsal, sosyal ve duygusal sonuçlara sahipse kronik pelvik ağrı olarak kabul edilir (2). Siklik ağrı sendromları (örneğin dismenore, Mittelschmerz) kronik pelvik ağrı içinde ele alınmaz, fakat disparöni kronik pelvik ağrının bir bileşeni olarak kabul edilir.

Kronik pelvik ağrı, bazı yönlerden akut pelvik ağrıdan farklıdır. Akut ağrı, inflamatuar, bulaşıcı veya anoksik bir olaydan ya da travmadan kaynaklanır. Ağrı devam ettiğinde, kronik bir stres fenotipi ortaya çıkabilir ve bu, psikolojik ve fiziksel sonuçların kısır döngüsüyle karakterize olur. Uzun süreli aktivite kısıtlaması fiziksel bozulmaya neden olabilir. Devam eden korku, endişe ve sıkıntı, ruh halinde ve sosyal durumda uzun süreli bozulmaya yol açabilir. Duygudurum semptomları kronik ağrı sendromlarında yaygındır. Kronik pelvik ağrısı olan kadınların yaklaşık % 12-33'ünde majör depresyon izlenmektedir (3; 4; 5).

Epidemiyoloji

Dünya Sağlık Örgütü tarafından 2006 yılında yapılan, sistematik bir incelemede, yaygınlığın siklik olmayan ağrı için yaklaşık % 2, 1- % 24, disparoni için % 8- % 21, 1 ve dismenore için % 16, 8- % 81 arasında değiştiğini bulunmuştur (6). 2014'te yayınlanan bir derlemede, 'en az 6 ay süren siklik olmayan ağrı'tanımı kullanılmış, % 5, 7- % 26, 6 arasında değişen yaygınlık tahmininde bulunulmuştur (7). Kadın genital sistemi ile ilgili olmayan, kronik pelvik ağrıya katkıda bulunan durumları bilmek önemlidir. Bunların en yaygın olanları, irritabl bağırsak sendromu, ağrılı mesane sendromu, pelvik taban kas hassasiyeti ve

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yaklaşık yarısı, histerektomi sonrası ruhsal, fiziksel ve sosyal fonksiyonlarında iyileşme gösterecektir (58). Bununla birlikte, hastaların yaklaşık %40'ında kalıcı ağrı olacak ve en az % 5'i daha kötü ağrıya sahip olacaktır (59).

Sonuç

Kronik pelvik ağrı, kadınları fiziksel, psikolojik ve sosyal yönden etkileyerek yaşam kalitelerini düşürür. Kronik pelvik ağrılı hastalar, daha çok jinekoloji polikliniklerine başvurmaktadır. Nedensel faktörler arasında gastrointestinal, ürolojik, nöromüskükoskeletal ve psikojenik faktörler gibi nonjinekolojik etkenler de sıklıkla yer alır. Bu sebeple, kronik pelvik ağrının takip ve tedavisinde multidisipliner yaklaşım tavsiye edilir.

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