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ENDOMETRİOZİS TANI VE TEDAVİSİ

İbrahim ÖMEROĞLU[1]

Giriş

Endometriozis, endometriyal bez ve stromanın uterus dışında görülmesi olarak tanımlanır. İmplantasyonlar tipik olarak pelviste yerleşir, ancak bağırsak, diyafram ve plevral boşluk dahil olmak üzere birçok yerde ortaya çıkabilir. Endometriozis yaygın ve habis olmayan bir süreç iken, ektopik endometriyal doku ve sonuçta ortaya çıkan inflamasyon dismenore, disparoni, kronik ağrı ve infertiliteye neden olabilir. Endometriozis, kadınları menarş öncesi, üreme ve menopoz sonrası hormonal aşamalarında etkileyen östrojene bağımlı, iyi huylu, inflamatuar bir hastalıktır.

Epidemiyoloji

Prevalans çalışılan popülasyona göre değişmekle birlikte, küresel olarak üreme çağındaki kadınların yaklaşık yüzde 10'unda endometriozis vardır (1). Genel popülasyonda endometriozis prevalansını belirlemek zordur çünkü bazı kadınlar asemptomatiktir, semptomları olanlarda çeşitli ve spesifik olmayan prezentasyonlar olabilir kesin tanı cerrahi gerektirir (2). Endometriozis, genital sistem anomalileri olan kadınların yüzde 40'ına, infertil kadınların yüzde 50'sine ve pelvik ağrısı olan kadın ve adölesanların yüzde 70'ine kadar bildirilmiştir (3-6).

Risk ve Koruyucu Faktörleri

Artmış endometriozis riski ile ilişkili faktörler arasında nulliparite, endojen östrojene uzun süreli maruziyet (Erken menarş (11 ila 13 yaşından önce) veya geç menopoz), daha kısa adet döngüsü, menstrüel çıkışta obstrüksiyon (müllerian anomaliler), inutero dietilstilbestrol maruziyeti, uzun boy, daha düşük vücut kitle indeksi, çocuklukta veya ergenlikte ciddi fiziksel ve / veya cinsel istismara maruz kalma ve yüksek trans doymamış yağ tüketimi ile ilişkilidir (7-13).

Etyopatogenez

Endometriozisin patogenezi, ektopik endometriyal doku, değişmiş bağışıklık, dengesiz hücre proliferasyonu ve apoptoz, anormal endokrin sinyali ve genetik faktörler dahil olmak üzere çok faktörlü görünmektedir. Endometriozis etyopatogenezini açıklamak için üç teori ortaya konulmuştur.

[1] Uzm. Dr. İbrahim ÖMEROĞLU, SBÜ Tepecik Eğitim ve Araştırma Hastanesi, Kadın Hastalıkları ve Doğum Bölümü Perinatoloji Yandal asistanı, dribrahimomeroglu@gmail. com

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