Bölüm 2

PERİTONEAL SERÖZ LEZYONLAR

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"Periton ve submezenşim ayrıcalıklı özelliği nedeniyle endometriozis başta olmak üzere klinik pratiğimizde belki çok karşılaşmadığımız birçok lezyona öncülük etmektedir. Periton üzerine dökülen veya düşen canlı, cansız birçok vücut sıvısı, organ ekleri ve debrilere ev sahipliği yapmakta oldukça cömert davranır. Endometriozisi anlayabilmek için periton ve mikroçevresinde meydana gelen diğer lezyonlar hakkında bilgi sahibi olmak endometriozise temel ve klinik yaklaşımımızı daha da farklı kılacaktır". **Editorial**

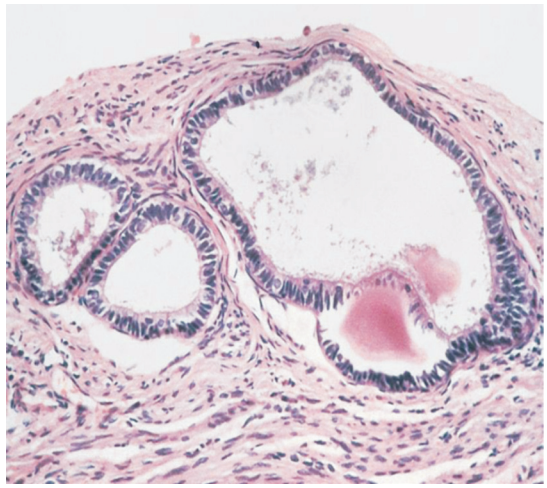
Giriş

Peritonun seröz lezyonları non-neoplastik ve neoplastik lezyonları içermekte olup, bunlar overde var olan karşılıklarının morfolojik analoglarıdır.

ENDOSALPHİNGİOZİS

Endosalphingiozis tanımı tipik olarak periton ve subperitonial dokularda bulunan tubal tipte epitelle döşeli benign glandlar için kullanılır. Bu bozukluk genellikle doğurgan çağdaki kadınlarda görülmekte olup çalışmalarda ortalama yaş 29.7 olarak bildirilmiştir (1), ancak postmenopozal kadınlarda da görülen vakalar mevcuttur. Endosalphingiozis operasyon sırasında veya daha sık olarak mikroskopik incelemelerde saptanan insidental bir bulgudur. Zinsser ve Wheeler retrospektif bir çalışmada cerrahi olarak çıkarılmış omentumların %12.5'inde endosalphingiozis bulmuşlardır, fakat bu durum prospektif olarak omentumlar incelendiğinde ikiye katlanmıştır (1). Endosalphingiosis X-ray filmlerde multiple ince kalsifikasyonlar şeklinde, culde-sac sıvısında, peritoneal yıkamalarda (2) ya da servikal Papanicolau smearlarda (3) psammom cisimleri şeklinde saptanabilir. Ultrasonografik incelemelerde yumurtalıkların etrafında ekojenik odakcıklar olarak görülebilir. Bilgisayarlı tomografide multipl granüler kalsifikasyon gösteren nodüller olarak izlenir ancak bunları miliyer tüberküloz ve peritoneal karsinomatozisten ayırmak mümkün değildir. Bazen kadın genital sistemin serozal yüzeylerinde paraoveryan alanda ve mesane, kolon, appendiks gibi ekstragenital lokalizasyonlarda kitle benzeri lezyonlar oluşturabilir. Ultrasonografide bu lezyonlar ekspansil veya infiltratif, hiperekoik, solid veya kistik adneksiyel kitle olarak izlenebilir. Bilgisayarlı tomografide iyi sınırlı veya sınırları net ayrılamayan, değişik oranlarda kistik ve solid komponentler içeren pelvik yumuşak doku kitlesi olarak görülebilir ve bu bulgularla hastalar radikal cerrahiye gidebilir. Bu vakalarda görüntüleme eşliğinde biyopsi yararlı olabilir.

Endosalphingiozisin çoğu araştırmacı tarafında sekonder müllerian sistem orjinli olduğu düşünülmekle birlikte kronik salpenjitte dökülen tubal epitelin implantasyonu ile endosalphingiozis arasında ilişki bulunması, bu durumun bazı vakalarda olası bir histolojik mekanizma olabileceğini göster-



Resim3: Tubal epitelle döşeli endosalpinghiozis odağı (H&E, X200).

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