Bölüm 15

ENDOMETRİOZİS VE ARCHİOMYOMETRİUM

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Endometriumun menstrüasyon esnasında vajinal yoldan veya tubalar aracılığıyla retrograt yoldan atılabilmesi için fizyolojik miktarda bir kontraksiyona ihtiyaç vardır. Bu kasılma tüm uterus kasından ziyade sadece subendometrial dokuda bulunan ve archiyomyometrium denilen bölgeyi kapsamaktadır. Yavaş-dalga kasılma paterni dediğimiz bu fizyoljik kasılma süreci endometrial dökülmenin yanı sıra sperm transportu ve blastokist transportunda da rol almaktadır. Bazı jinekolojik hastalıklarda ve implantasyon defektlerinde fizyolojik kasılma paterninden sapma ortaya çıkar ve bu da subfertiliteye yol açabilir. Endometriozis anormal archioyomyometrial kontraksiyon defektiyle ilişkilendirilmeye çalışılan bir hastalık olduğu için hem klinisyen hem de akademisyenler tarafından bilgi dağarcığına alınması gereken önemli bir konudur. **Editorial**

Giriş

Endometriozis endometrial gland ve stromanın ekstrauterin alanlarda bulunmasıyla karakterize yaygın, benign, kronik, östrojen-bağımlı bir hastalıktır. Ektopik endometrial implantlar genellikle pelviste lokalize olur ama neredeyse vücudun her yerinde tespit edilebilir. Bu hastalığın kadının iyilik hali ve sağlığı üzerinde ciddi bir etkisi vardır. Asemptomatik olabileceği gibi pelvik ağrı, infertilite, disparoni, ciddi dismenore gibi stres ve debilite semptomlarına neden olabilirler. Pek çok çalışma olmasına rağmen, hastalığın patogeneziyle ilgili tartışmalar hala devam etmektedir.

Endometriozisin orjinini dikkate alan genel kabul görmüş bir tez yoktur. Pek çok patogenik mekanizma önerilmiştir: (I) retrograd menstruasyon ve implantasyon (endometrial doku menstruasyon sırasında fallopian tüplerde ilerleyerek peritoneal kaviteye dökülür ve pelvik organlara implante olur), (II) çölomik metaplazi (periton ve plevrada lokalize olan çölomik epitel hücrelerinden köken alan mezotelyal hücrelerin spontan metaplazisi ile endometriozis gelişir), (III) Müllerien kalıntı (derin infiltratif rektovajinal endometriozis), (IV) direkt transplantasyon (sezaryen, diğer pelvik cerrahi ya da epizyotomi tamiri sırasında), ve (V) vaskuler yayılım (uzak ve alışık olunmayan endometriotik odak) (1).

Bu teorilerden en çok kabul göreni retrograd menstrüasyon ile transtubal geçerek pelvik peritona endometrial dokuların implante olması modelidir (2). Yine de tüm endometriozis vakalarını tek bir mekanizma açıklamaz, her bir patogenik mekanizma en azından bir miktar katkıda bulunur (1). Ancak, birçok anahtar soru cevaplanmayı beklemektedir. Retrograd menstrüasyon pek çok kadında olmasına rağmen neden sadece bazı kadınlarda endoemtriozis gelişir? Hastalığın geniş prezentasyon ve semptom çeşitliliğini ne açıklar? Hastalığın varlığı ve ilişkili semptomların ciddiyeti arasında neden zayıf bir korelasyon var?

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