Bölüm 16

ENDOMETRİOTİK İMPLANTLARIN ADEZYON İNVAZYON VE BÜYÜME MEKANİZMALARI

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ÜNİTE 2

Endometriozisin RGM'ye sekonder olarak geliştiğini kabul edersek, peritona dökülen endometrial dokunun viabilitesi, HLA-G içeriği, peritoneal tutunma ve invazyon aşamalarını geçtikten sonra yeni habitatında yerleşmesi ve büyümesi için birçok moleküler ve genetik olayın koordineli bir şekilde gerçekleşmesi gerekmektedir. Her RGM endometriozisle sonuçlanmadığına göre peritonu ve endometrial hücreleri bu hastalığı geliştirmek için klonal bir şekilde programlanmış kişiler klinik olarak hasta hale geleceklerdir. Bu bölüm periton ve endometrial doku ilişkilerini detaylarıyla kaleme alan eski ve yeni teorileri karşılaştırma fırsatı sağlayan birçok güncel bilgiyi bünyesinde barındırmaktadır. **Editorial**

Giriş

Endometriozis ilk kez 1860'lı yıllarda tanımlanmış olup, oldukça agresif ve ilerleyici bir hastalıktır. Bugüne kadar patofizyolojisi ile ilgili konular açıklığa kavuşmamıştır. Bu yıllarda Sampson'un (1) yaptığı çalışmalarla ilk kez peritoneal endometriozisin menstruel reflü sonucunda oluştuğu teorisi ortaya atılmıştır. Günümüzde hiçbir teori tek başına endometriozis etyolojisini açıklamak için yeterli olmadığından bu konuya ilişkin pek çok görüş ileri sürülmüştür. Bunlar arasında başlıca; retrograd menstruasyon, endometriozisin metaplazi ve lenfovasküler yayılımla oluştuğuna dair hipotezler bulunmaktadır (2). Bu konuda ilk olarak ileri sürülen teori Sampsonun (1) viable endometrial hücrelerin menstruasyon sırasında fallop tüpleri yolu ile batına geçtiği retrograd menstruasyon (RGM) teorisi olup ilerleyen yıllarda bu yaklaşımı destekleyen pek çok çalışma yapılmıştır. Bu konuya ilişkin olarak

1. Menstrasyon sırasında kadınlardan alınan periton sıvısında viable endometrial hücrelerin bulunduğu saptanmıştır (3).
2. Deneysel olarak endometrial hücreler peritona implante edilebilmekte daha sonra bu odaklardan endometriozis gelişebilmektedir (4).
3. Kadınların pek çoğunda retrograd menstruasyon olduğu saptanmıştır (5).
4. Menstruel akım engellendiğinde endometriozis geliştiği deneysel olarak gösterilmiştir (6).

Transtubal yayılımın bahsi geçen nedenlerden dolayı en sık saptanan mekanizma olduğu düşünülse de metaplazi ve lenfovasküler yayılım, retrograd menstruasyonun açıklayamadığı endometriozisi açıklaması açısından önemli görünmektedir. RGM'de endometriozis gelişimi ile ilgili olarak önemli noktalardan biriside menstruel debinin içeriğidir. Bu konu periton sıvısından alınan örneklerin incelenmesi ile ortaya konulmaya çalışılmıştır. Kırmızı lekeli periton sıvısı menstruasyon sırasında kuldosentez ile % 50 laparoskopi sırasında % 70-90 oranında saptanmaktadır (5,7). Ancak periton sıvısında kırmızı lekelerin saptanması, viable

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