

# Bölüm 17

## ENDOMETRİOMA OLUŞUM MEKANİZMALARI

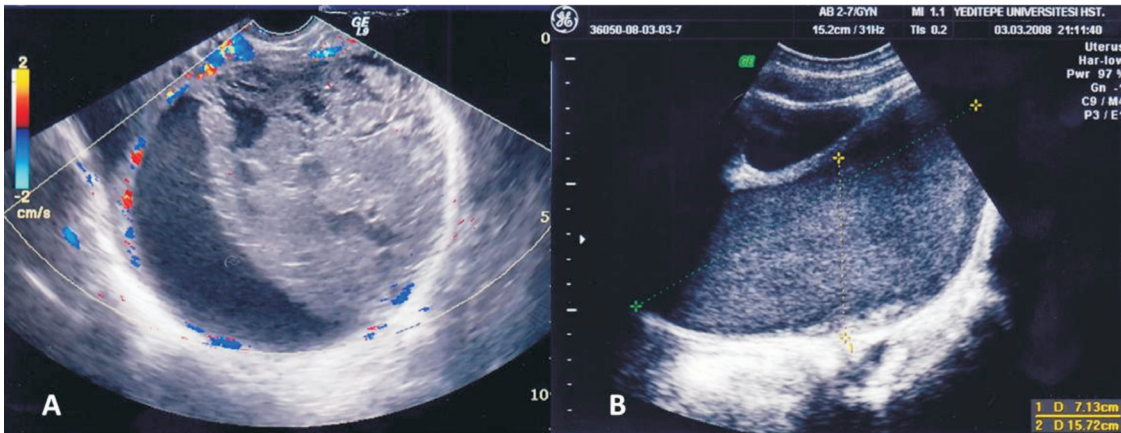
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Endometriomalar farklı oluşum paternlerine sahip olup her bir endometriotik kistin histolojik özelliği ve içeriği, boyutu ve cerrahi ile çıkarılabilme özellikleri birbirinden az da olsa farklılık arz eder. Dört farklı endometrioma paterninden bahsetmek mümkündür. Bir kısım endometrioma yüzeysel implantlardan gelişirken, bir kısmı da başarısız bir folikülogenezisi takiben ortaya çıkabilir. Benign olan bu lezyonlar nadir de olsa malign dönüşüm potansiyeline sahiptirler. CA-125 ve HE4 gibi serum markırları kistlerin oluşum aşamasından itibaren sekrete edilmeye başlasa da klinik kullanımları kısıtlıdır. Sistematik anlatımın yanı sıra bölüm yazarının endometrioma oluşum ve tedavisiyle ilgili klinik tecrübeleri ve bilimsel çalışmaları bu değerli eseri okuyucu açısından daha da faydalı kılmaktadır. **Eidtorial**

### Giriş (Tanım ve İnsidans)

Endometriozis; klasik olarak endometrium gland ve stromasının uterin kavite dışında ektopik olarak lokalize olması olarak tanımlanmaktadır. Endometriotik bu odak, normal endometrium gibi steroid reseptörlere ve normal siklik hormonal yanıt yeteneğine sahiptir. Endometriozis yaygın görülen, benign, kronik ve östrojen bağımlı bir hastalıktır ve en çok üreme çağındaki kadınlarda görülür (1).

Endometrioziste ektopik implantlar genellikle pelviste [overler (Şekil1-2), tubalar, vagina, serviks, uterosakral ligamentler ve rektovajinal septum üzerinde] lokalizedir. Nadir olarak da laparotomi skarı, plevra, akciğer, diyafram, böbrek, dalak, safra kesesi, nazal mukoza, spinal kanal, mide ve memede implantasyon görülebilir (2,3).



Şekil 1: Endometriomaların ultrasonografik görünümleri.

yal over tümörlerini de saptayabiliyor olmasından kaynaklanır (54). Normal bir HE4 seviyesi kanserden ziyade endometrioma lehinedir. Bunu bilmek vakayı opere eden kişiye kolaylık sağlar. Böyle bir vakayı jinekolog onkolog olmayan bir kadın hastalıkları uzmanı da laparoskopik olarak opere edebilir (55). Sağlıklı kontrol grubu (40.5 pM) ile karşılaştırmalı olarak yapılan bir çalışmada, serum HE4 seviyesi hem endometrial (99.2 pM, P<0.001) hem de ovarian (1125.4 pM, P<0.001) kanserlerde yüksek iken endometriomada (46.0 pM) veya diğer tiplerdeki endometriozislerde (45.5 pM) normale yakın değerlerde bulunmuştur. Serum CA125 konsantrasyonu ise ovarian kanser, ileri evre endometriozis ve endometriomalarda artmış olarak saptanmıştır (56).

### Sonuç

Sonuç olarak, birçok teori söylene gelmiş olmasına karşın, ovarian endometriomanın neden oluştuğu netlik kazanmamıştır. Günümüzde söylenebilecek en uygun söz belki de patogeneizde tüm bu teorilerin hepsinin bir parça katkısı olduğu ve olayın bir zincirin halkaları gibi birbirine bağlı ve birbirini tetiklediği olacaktır.

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