Bölüm 24

ADENOMYOZİS ETYOLOJİSİNDE YENİ PERSPEKTİFLER

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Adenomyozis oluşumuyla ilgili tüm güncel etyolojik hipotezleri ele alan bu bölüm özellikle fundo–kornual bölgede endomyometrial alanda doku travma ve onarımı sonrası gelişen biyolojik olayları detaylandırarak konuyla ilgili bilgilerimizi güncellemekte ve yeni bilimsel çalışmalara ışık tutacak verileri okuyucu ile paylaşmaktadır. Özellikle klinik çalışmalara zemin hazırlayacak deneysel adenomyozis modellerinden bahsedilmesi konuyla ilgili yeni çalışmalarda bu modellerin kullanılmasına olanak sağlayarak hastalığın oluşum mekanizmaları ve bağlantılı olarak tedavisiyle ilgili özgün yöntemlerin gelişmesine olanak sağlayacaktır. Klinisyenlerin uterus denince, endometrium, myometrium ve serozadan ziyade archiomyometrium, subendometrial alan, slow wave uterin kasılmalar, myometrial yırtılma, mikrotravmalar ve onarımı, uterin junctional zonlar ve uterin mezenkimal kök hücre kavramlarını hatırlamaları hem hasta yönetimlerinde hem de akademik çalışmalarında farklı alanlara yönlenmelerine olanak sağlayacaktır.
Editorial

Giriş

Adenomyozis bilinmeyenleri bilinenlerin yanında daha fazla olan jinekolojik sorunlardan birisidir. Endometriozisden daha erken tanımlanan bir hastalık olmasına ragmen, çalışmalar endometriozis üzerinde yoğunlaşmış ve adenomyozis uzun yıllar önemsenmemiştir. Özellikle son 15 yıldır infertilite ile olan ilişkisi bu hastalığı yeniden odak haline getirmiştir.

Tanım ve Epidemiyolojik faktörler – prevelans

Adenomyozis basit olarak, endometriumu oluşturan bez epiteli ve stroma dokusunun myometrium içinde bulunması olarak açıklanabilir. Genel olarak şimdiye kadar kabul edilen görüş, endometriumun bazal tabakası ile myometrium arasındaki sınırın bozulduğu ve buradan myometrium içine invazyon olduğu şeklinde olmakla birlikte, bu teoride günümüzde yeniden tartışılmaya başlanmıştır.

Prevelansı son derece tartışmalıdır. Bu tartışmanın temelinde yatan neden ise adenomyozisin tanısındaki güçlüktür. Kesin tanı hastanın uterusunda adenomyois odaklarının gösterilmesi ile konulur. Bu şekilde histerektomi yapılarak patoloji spesmeninde tanı konmuş adenomyozis prevelansı % 8-27 arasındadır.

Tanı genellikle 40-50'li yaşlarda konulmaktadır. Tanının bu kadar geç yaşlarda konuluyor olmasının 3 nedeni olabilir. Birincisi hastalığın ilerleyen yaşlarda ortaya çıkıyor olması, ikincisi bu yaşlarda semptomlarının artması ve hastanın doktora gitmesi üçüncüsü ise erken yaşlarda da varolan adenomyozisin tanınmasındaki güçlüklerdir. Özellikle 'nedeni açıklanamayan infertilite' grubundaki hastaların adenomyozis gözüyle değerlendirilmeleri bu hastalığın erken yaşlarda ve subinfertil grupta

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