

# Bölüm 28

## EVRELERE GÖRE ENDOMETRİOZİSİN CERRAHİ TEDAVİSİ

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ÜNİTE 3

Bu bölüm endometriozisi gerek klinik olarak iyi tanıyan ve tedavi eden, gerekse akademik düzeyde konuyla ilgili bilgi ve deneyimlerini yapmış olduğu bilimsel çalışmalar ile paylaşma ayrıcalığına sahip ender bilim insanlarından birisi tarafından kaleme alınması nedeniyle önem arz etmektedir. L/S 'de batına güvenli giriş teknikleri, verres uygulama noktası ve alternatif noktalar, Hasson'un açık giriş tekniği, direkt trokar giriş tekniği, intraperitoneal basınç ayarları, minör ve major komplikasyonların önlenmesi gibi birçok temel cerrahi konu ayrıntılı bir şekilde ele alınmıştır. Öte yandan; genç hastada endometrioma yönetimi, çocuk doğurmayı planlamayan ileri yaş hastalarda endometrioma yönetimi, OPU'da endometriomalara yaklaşım, over rezervini korumak için uygulanacak cerrahi teknikler ve peritoneal endometriozislerde cerrahi yöntemler konusunda detaylı bilgiler içeren bu eser okuyucu tarafından mutlaka ve dikkatli bir şekilde okunmalıdır. **Editorial**

### Giriş

Endometriozis, çoğunlukla reproduktif çağda görülen, kronik pelvik ağrı, infertilite ve progresif dismenorenin nedeni olup organik problemler dışında ağır psikolojik morbiditeye de yol açabilen, tedavisi zor kronik bir hastalıktır. Kesin tanı için elzem olan laparoskopi ve laparotominin tüm kadınlar için gerçekleştirilemeyeceği göz önünde tutulursa, gerçek insidansının bilinmesi güçtür. Genel popü-

lasyonda insidansı %2.3-3.3, infertil kadınlarda ise %15-25 olduğu tahmin edilmektedir. Tüm nedenler ekarte edildiğinde infertil hastaların yaklaşık %75'inde laparoskopi ile endometriozis saptandığı bilinmektedir (1). Hastalığın boyutunun anlaşılması için çeşitli skorlama sistemleri geliştirilmiştir (2), ancak en sık ASRM'nin (American Society for Reproductive Medicine) 1996'da revize ettiği sınıflandırma sistemi kullanılmaktadır (3). Buna göre overler, tüp ve periton üzerindeki endometriotik odakların büyüklüğü, yapışıklıkların boyutu ele alınarak yapılan AFS skorlamasında 1-5 arası evre I (minimal), 6-15 arası evre II (hafif), 16-40 arası evre III (orta), >40 ise evre IV (ağır) endometriozis olarak sınıflandırılmaktadır. Hastalar çeşitli evrelerde değişik klinik yakınmalarla başvurabildikleri için, tedavinin şekillenmesi, hastanın yaşına, hastalığın evresine, semptomların ciddiyetine ve fertilitate arzusuna bağlıdır.

### Kimlere Cerrahi?

Yaşam kalitesi üzerine olumsuz etkileri olan endometriozisin doğurganlık yaşındaki kadınların %35'inden fazlasında pelvik ağrı ve infertilite sebebi olduğu da bilinen bir gerçektir (4). Hastalığı eradike etmek mümkün olmadığından, ağrının azaltılması, gebelik ihtimalinin artırılması ve rekürensiz önlenmesi tedavinin 3 önemli prensibidir (5).

Yıllar önce büyük umutlarla başlanan medikal tedavinin çok başarılı olmadığı dikkate alındığında

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