Bölüm 29

ENDOMETRİOMA YÖNETİMİ

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ÜNİTE 3

Endometrioma izole bir patoloji gibi algılansa da, overyan endometriozis daha ileri pelvik ve intestinal endometriozisin göstergesi olabilir. İzole overyan endometriozis olguların %1'lik bir kesiminde görülür. Endometrioma saptanan subfertil bir hasta söz konusu olduğunda hastanın yalnız endometrioma için değil ileri evre yaygın endometriozis açısından da değerlendirilmesi ve ekspektan ya da cerrahi girişim kararının bu şekilde verilmesi akılcı bir yaklaşım gibi görünmektedir. Ayrıca ekspektan yaklaşım ile izlenen bir hastada gebelik oluşması durumunda endometriomanın gebeliğin seyrine etki edebileceği de düşünülmelidir. Cerrahi prosedürlerin herhangi bir çeşidinin overyan işlev üzerinde olumsuz etkisi olabileceği her ne kadar kabul edilse de, overyan tutulumu olmayan peritoneal endometriozisli kadınlarda görülen erken menopoz riskinin cerrahiden bağımsız olarak bir prematür overyan yetmezlik riski olduğuna işaret edebilir. **Editorial**

Giriş

Endometriozis üreme çağındaki kadınların %3-4 'ünde görülen bir hastalıktır. Semptomatik hastalarda genellikle pelvik ağrı ve infertilite yakınması ile kendini gösterir. Endometrioma, over içinde ektopik endometriotik dokuların yerleşmesi sonucu oluşan içi eskimiş kan ile dolu olan bir kistik yapıdır. Endometriozis en sık olarak douglas peritonunda ve uterosakral ligamanlarda izlenir. Endometrioma ise bunlardan sonra üçüncü sıklıkla görülen endometriozis formudur ve cerrahi gerektiren benign over kistlerinin yaklaşık %35'ini oluşturur. Endometriomalar, endometriozisin ileri evreleri ve artmış morbiditeyle ilişkilidir. İlk defa 1927'de tarif edilen "retrograd transplantasyon teorisinden" bu yana bir çok mekanizma öne sürülmüş olsa da endometriozisin patogenezi hala tartışmalıdır. Epidemiyolojik, cerrahi ve patolojik verilere göre en güncel teori overyan endometriozis, peritoneal endometriozis ve rektovaginal septumun adenomyotik nodüllerinin tek bir hastalığın farklı görünümleri olduğudur. Yakın geçmişte overyan endometriomaların hemen hepsinin (%90) overyan korteksin invajinasyonu ve çölemik epitelin metaplazisi sonucu oluştuğu öne sürülmüştür (1).

Endometriozis tablosunun overlere doğru genişleyerek kistler oluşturması ve endometriomaya ilerlemesi de mümkündür. Kistler, yer kaplayan etkileri, lokal reaksiyonlar ve bazen her ikisinden dolayı mevcut fonksiyonel over rezervini kötü yönde etkileyebilir. Overyan rezerv üzerindeki negatif etki cerrahi sonrası daha da kötü olabilmektedir (2). Mevcut tartışmalar en iyi cerrahi yaklaşımın hangisi olacağına yönelik olsa da, şu an kabul edilen gerçek her türlü cerrahinin zaten baskılanmış olan overyan fonksiyona zarar verebileceği yönündedir (3).

overde yer kaplaması veya tedavileri sonucunda over rezervinin etkilenmesi, tedavinin planlanmasında en önemli faktördür. Endometriomaların cerrahi tedavisi özellikle infertilite yakınması ile başvuran hastalarda çok dikkatli bir şekilde değerlendirilmesi gereken bir durumdur. Ancak IVF planlanan hastalarda oosit toplanma işlemi sırasında apse oluşumu riski de göz ardı edilmemelidir. Tedavilerin overyan rezerv üzerine etkisini araştıran, iyi tasarlanmış çalışmalara gereksinim vardır. Bu çalışmalarda AMH'nın kullanılması daha doğru değerlendirme için önemli olabilir. Tüm bu çalışmalar sonucunda endometriomaların yönetiminde "overyan rezerv koruyucu yaklaşım" belirlenebilir.

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