

# Bölüm 37

## DERİN PELVİK ENDOMETRİOZİS TANI VE YÖNETİMİ

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ÜNİTE 3

DPE, cerrahisi yüzeysel peritoneal endometriozis ve endometrioma cerrahisine göre farklılık arz eden bir hastalıktır. DPE'nin cerrahi tedavisinin endoskopik tecrübe ve yetenekleri üst düzeyde olan multidisipliner bir ekibin ortaklaşa yapacağı bir işlem olduğu unutulmamalıdır. Luzumu halinde konsültasyondan ziyade preoperatif ve intraoperatif ortaklaşa yaklaşım önerilir. ESHRE Guideline grubu; anamnezde ve fizik muayenede derin endometriozis şüphesi durumunda hastalığın daha ileri yönetimi için klinisyene üreter, mesane ve barsak tutulumunun varlığını ilave görüntüleme yöntemleriyle değerlendirmesini önermektedir. Preoperatif MRI, baryum enama, IVP, RSK ve transrektal USG yapmak zorunludur. Büyük ve yapışık lezyonlarda total eksizyon yerine organ koruma amaçlı tıraşlama yapılması tercih edilir. DPE'de medikal tedaviler ağrıyı azaltmakla beraber nodül boyutlarında büyük bir azalma sağlamazlar. Çünkü nodüllerin yaklaşık %60'lık kısmı hormonal tedaviye cevap vermeyen düz kas lifleri ve fibröz dokudan oluşur. Ancak efektif bir cerrahi ile nodülleri çıkartılan olgularda rekürrens için medikal ajanlar verilebilir. Bölüm yazarının konuyla ilgili cerrahi deneyimleri göz önüne alındığında DPE cerrahisi yapan ve yapacak klinisyenler için faydalı bilgiler içermektedir. **Editorial**

### Giriş

Derin infiltran endometriosis (DİE) histolojik olarak dogrulanmış endometriotik dokunun peritoneal yüzeyin 5 mm veya daha derininde bulunması olarak tarif edilir (1). DİE özellikle üreme çağındaki kadınlarda yaşam kalitesini ve fertilitiyi etkileyen önemli bir hastalıktır. Hastaların çok az bir kısmının asemptomatik olmasına karşın çoğu zaman disparoni, dismenore, diskinezi, dizüri ve tenesmus ile karşımıza çıkar. DİE hastalarının çoğunun semptomatik, genç ve çocuk isteği olması nedeniyle bu durumun sadece fiziksel değil aynı zamanda sosyal olarak yaşam kalitesini etkilediği görülmektedir (2).

DİE patogenezi konusundaki tartışmalar halen devam etmektedir. DİE dışındaki endometrioste genel görüş (Sampson teorisi) menstruel akımın regürjitasyonu ile kanın fallop tüplerinden pelvise yayılması ile endometriosis odaklarının oluşması şeklindedir. Fakat bu teori DİE için tartışmalıdır. Derin endometriosis odaklarının, Müllerial kalınlıkların metaplazisi sonucu oluşan adenomyotik nodüller olduğu öne sürülmektedir. Histolojik olarak bakıldığında DİE'de nodüler lezyonların gland ve stroma adacıkları içeren düz kas ve fibröz dokulardan oluştuğu görülmektedir. Dolayısıyla nodüler lezyonların çoğunun endometrial dokunun aksine glandüler ve stromal uzantılar içeren fibromusku-

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